



## EDITORIAL

### DIVIDING FEES.

The result of the movement in the Chicago Medical Society is by this time before you. The resolution condemning fee-sharing passed, the opposition collapsing. This is no isolated movement, but, East and West, prominent surgeons are arraying themselves enthusiastically in the ranks of that army on whose banners are inscribed the glorious legends: "We want it all." "Get off my earth." "If you are hungry chew snow-balls."

Far be it from us to dispute the mandates of the mighty. We obey the laws. Henceforth when we send a patient to the surgeon for operation he may take the whole fee and keep it. But we say advisedly—When we send!

We've quit sending. We do our own surgery, having to provide for our own wife, our own children, ourselves. If we don't know how to do an operation we'll go to the post-graduate schools and learn how, and charge accordingly. If we haven't the skill that comes from experience, we'll get it just as the Professor got it, by doing the operation at every opportunity till we become adepts.

And who can blame us if we determine to do our own work ourselves? Are we

not equally M. D.'s, with equal privileges? This reference of cases to specialists is in many cases unnecessary, anyhow. Very often it is simply because the doctor is too busy to attend to the matter himself. But the real remedy is for him to charge enough to make it worth his while to buy books and apparatus, take special instruction and do the work.

Do you have many cases of eye, ear, nose and throat affections? Open your purse-strings. Come to the city and take a post course; buy the apparatus. It will cost you up to \$500, but if you cannot make \$1,000 a year out of the results, you are not much of a business man, and not apt to succeed as a doctor.

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A boiling indignation against existing evils is of no value unless it makes steam with which to remove those evils.

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### A FABLE.

In the depths of the Amazon valley dwelt a Guarani Indian, who led a lonely life in its tangled forests and eked out a miserable existence as a collector of remedial herbs. One day he came upon an extensive patch of jaborandi in a

cleared space, where the hot sun shone relentlessly on his naked skin. He gathered a large basket of the leaves, which were dried, packed, and duly sent down the river to the Para warehouse.

Next day he had another piece of luck, finding a similar patch of the same plant in a shady dell, surrounded by giant trees. These leaves he likewise picked, dried and sent to market.

Both packages of leaves reached New York; both were rated at the importer's as A 1, finest quality.

The first package of leaves was purchased by one of the oldest and haughtiest manufacturers of fluid extracts in the country; a wealthy house that prided itself on the excellence of its products and would have been heartbroken to find anything emanate from its laboratory grading below the very best. To insure such a result their chemist assayed the jaborandi leaves and found the alkaloidal contents to be 1.0 per cent, an unusually high standard. The leaves were treated by the most approved methods, by experienced, highly paid experts. The product was labeled thus:

Fl. Ext. *Pilocarpus Pinnatus* (Jaborandi)  
U. S. P.

Laboratory of Science, Care & Co.

The second package of leaves was purchased by the same house, a month later. It was also assayed by the same chemist and the alkaloidal contents were found to be 1.0 per cent, exactly the same as in the other sample. The leaves were treated in precisely the same manner, by the same persons. When completed the product was labeled thus:

Fl. Ext. *Pilocarpus Pinnatus* (Jaborandi)  
U. S. P.

Laboratory of Science, Care & Co.

The first bottle was purchased by one of the leading druggists of the city, a man deservedly trusted by physicians,

and enjoying a large prescription patronage. He employed the best of clerks and the most scrupulous care was exercised in his laboratory.

The second bottle was purchased by another druggist, a block away, of equal merit and repute.

A woman was seized with facial erysipelas. Her physician prescribed fluid extract of jaborandi, ten drops every half-hour until sweating began, then often enough to keep up this effect. The erysipelas was checked, the woman recovered promptly.

A month later she was again seized with erysipelas. The same doctor was called, gave a similar prescription, which was taken to the second pharmacy and filled. The medicine was given as before; the woman died before morning.

Here are the two bottles, with a summary of the effects of their contents:



No. 1.

Causes perspiration.

- " salivation.
- " flow of milk.
- " flow of gastric juice.
- " flow of bile.
- " flow of pancreatic fluid.
- " flow of intestinal fluid.

Controls erysipelas.

Controls streptococci.  
Breaks chills.  
Dissipates hyperemia.  
Promotes growth of hair.  
Relaxes vascular tension.

No. 2.

Dries up perspiration.  
" saliva.  
" milk.  
" gastric juice.  
" bile.  
" pancreatic fluid.  
" intestinal fluid.

Has no control.

Has no control.

Does not break chills.

Increases hyperemia of head.

Does not promote growth of hair.

Increases vascular tension.

The funny thing about this affair is that the doctor really supposed he was practising medicine.

He turned homeopath.

Druggist No. 2 got rattled, discharged his clerk, and was shunned by careful doctors and discreet customers as a dangerous man.

The great manufacturing house also got rattled, discharged its employes right and left, but lost caste nevertheless.

Jaborandi was dropped as a remedy for erysipelas by the profession, who returned to local applications. A great truth was obscured and the people who had erysipelas kept on dying until some one rediscovered the value of jaborandi.

And all this occurred because a Brazilian Indian gathered one lot of leaves in which the sun had generated pilocarpine, and another lot which had grown in the shade and developed only jaborine.

Degeneration begins as soon as man separates himself from his truest surroundings. The great work of the world is being done to-day by men whose lives are spent away from the overworked heart of the great cities.

## THE PAN-AMERICAN.

If you have not already done so, begin to salt down a hundred or two for the visit to Buffalo, for the great Pan-American. Don't neglect it, Doctor, but this once give yourself a well-earned treat.

What do you live for, anyhow? To make visits, tug at reluctant babies, help men out of the consequences of their physiologic sins? But you've a duty to yourself, Doctor, to get your full share of pleasure out of life, and unless you do it now you may never have another chance. Do you know that you're getting rather ancient? You've lived in that old suit so long, ridden that old nag, carried that old bag, that you are all grown rusty together. You have a stoop that isn't due for ten years yet; you smell druggy; your shoes are foxy. Now don't say you can't do it, for you know in your heart the most serious obstacle is your own inertia. You have plodded along so many years in your rut that it irritates you to think of crawling out of it.

And then the wife. Take a look at her, Doctor, where she sits over there darning the stockings. Looks thin, don't she? Care-lines over her face? Rather tedious thing, this life of her's? Has she had her full share of pleasure? Have you fulfilled the promise of happiness made when she left her father's home and came to you? Hasn't she earned, well earned, a couple of weeks in Buffalo at the Pan-American?

Never mind the children, Doctor. Their lives lie before them; and slave as you may, they will make or mar for themselves. It's you we are interested in.

It is not the mind which makes the man, nor is it the body. It is the mind and body together.

## THE LAITY AND ALKALOMETRY.

What shall we do, brethren? Many times we receive letters from people who have picked up a CLINIC in their doctor's office, got interested in it, and write to us for advice or treatment. As our business is strictly with physicians we turn them over to the nearest doctor who uses the alkaloids. But in a letter received from a clergyman in Florida there is a significant passage, which we quote: "Dr. Cuzner's letter gives me confidence in his ability, and I would not hesitate to call for him \* \* \* provided of course I could not get a doctor who was familiar with their (the alkaloids) use." This intelligent gentleman has learned something of Alkalotherapy, enough to lead him to the conviction that the first qualification he demands of his medical adviser is familiarity with the system based on the active principles.

There is no question that wherever the laity learn what Alkalotherapy is, they want it. To the individual of average education and intelligence, to the average American, the advantages are so many and so obvious that hesitation on the part of the doctor to accept it causes a sudden drop in the patient's estimate of the doctor. "What," the layman says, "have you been treating me all this time with drugs so uncertain that God alone knows what their effect may be, perhaps exactly the contrary to what you expect, wasting precious time with a senseless feeling of your way, when right at your hand there are certain reliable agents for doing what you wish?" It seems so hard to believe this that, when once it is comprehended, all respect for medical practice ceases, and the profession is contemptuously relegated to the lumber-room with witchcraft, religious persecution and obsolete political beliefs.

It is well known that homeopathy won its place by an active propaganda among the laity; and the little booklets on family medication, with the accompanying granule-case, created the demand for doctors of the homeopathic persuasion faster than they could be supplied. The more the home medication was used, the more were the doctor's offices thronged with eager inquirers, asking if they were using the remedies aright; so that as makers of business for the doctor these little family cases have had no parallel since the world began.

It would be perfectly easy to create a public opinion in favor of Alkalotherapy, so strong that the profession would be driven into our camp by dire necessity. The public is not made up of fools here, whatever England may have been in Carlyle's day. Education is general enough to allow the non-medical man to comprehend fully the advantages of the alkaloidal method, and the world is ripe for it. Several physicians have written us for cases and booklets for their patients, but we have not felt ready to respond to the demand. We are for the doctor, first, last and always, and until he by an unmistakable majority urges us to enter the field we keep out of it. But you may rest assured that when the public once learn what Alkalotherapy is, there will be a sudden besieging of your offices.

Suppose we devise a family medicine-case, with numbered vials, to be sold *only to physicians or on their prescription*, with instructions as to the use of the remedies till the doctor comes, and in minor troubles where the doctor is never called. It would cut down the demand for patents, cough-drops, pain-killers, etc.

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Our virtues and our failings are inseparable, like force and matter. When they are separate man is no more.



## DRUG STANDARDIZATION.

The *Buffalo Medical Journal* takes up editorially Dr. J. Tracy Melvin's paper in the Association Journal on "Therapeutic Progress." Our bisonic contemporary is so far affected by Dr. Melvin's argument as to get one eye open, just enough to get a glimpse of a big drug-establishment across the lake; and the matter is deftly turned into a nice little boost for the advertisers of "physiologic assaying."

It's no use. The independent medical journalist will never discover the beauties of Alkalotherapy until the alkaloids take possession of his advertising pages. If you want to see a wave of enthusiasm sweep over the medical press, let twenty of you select each a native plant, extract its active principle, and advertise it by a page each at least. Then see the scramble to reach the band-wagon!

## NAMES AND INITIALS.

Somebody objects to quotations of names without initials; says it may not interest him much to know that the views given are those of Smith, while if they are those of Theobald, or of Andrew H. Smith, he would know what importance to give them. In some mysterious way it has grown to be customary to quote foreign authors by naked surnames. Americans tagged with initials; a disparaging way of putting the latter. It is as if everybody knew who the great Meyer was, even if he is multitudinous as the Joneses; and if he must be identified it is not as P. J., or R. S., but as Meyer of Bremen, or of Rossbach City, or of Pumpernickelville. The American is "a certain J. S." Brown, or "W. H." Thompson.

In the republic of science there are no distinctions of nativity, rank, title or cash, but only those of worth and achievements. As we do not know the initials of the illustrious Dutchmen, we put all on the same level, and speak of Perkins, Tidball and Stark, just as we do of Takamine, Charcot, Bischoff, Ponnygieser, Hergesheimer, Schachowa and Metschnikoff, and let the reader learn to recognize the particular Thompson by the nature of the quotation. Equal rights! Whoopee!

Dr. J. H. Kellogg, of the Battle Creek Sanitarium, was recently stabbed by a patient. Well, some people will tire of a diet of peanuts and sawdust, but this woman carries her vengeance a trifle too far.

We pass ten dollars over the counter of the saloon for every dollar that comes back to the state through it. At the same time we let the saloon make more than three million drunkards each year and impoverish and criminate tens of millions more for whom we support almshouses, asylums, prisons, police forces, criminal courts and sorrows without measure. What are you going to do about it, brother?

## EDITORIAL CHAT.

*Epinephrine*, the active principle of suprarenal capsule is a vasoconstrictor.

*Sensations* appear to be scarce; and the yellow press is therefore exploiting as a "discovery" a prescription of Dr. Hoff's, an assistant at Stoffella's clinic, for tuberculosis. The prescription is one of those miserable shotgun affairs so common in the preceding century. It contains arsenous acid, potassium carbonate, cinnamic acid, opium, brandy and water. It could be made very popular by leaving out all but the fifth ingredient, without lessening its remedial value.

SHALLER'S "GUIDE TO ALKALOIDAL MEDICATION." \$1.00. YOU'LL STUDY IT.

*Atropine in Intestinal Maladies.*—

Some of you may recollect the controversy in the CLINIC over a series of intestinal cases reported, treated mainly by hyoscyamine. The value of this method is being recognized, as will be seen by the following:

"Several writers have called attention to atropine in ileus and other intestinal disturbances. Ostermaier details several convincing observations, the result of a large experience with this remedy in cases of secondary reflex spasm or paresis of the intestines after calculous colic, lumbago, traumatism, etc., also in a few cases of appendicitis. He injects 1 mg., sometimes in two doses. The subjective disturbances rapidly disappear and in twelve to thirty-six hours a normal evacuation follows. Batsch reports one instance in which he injected 12 mg. in a few days, in a case of intestinal perforation after difficult delivery. Boeck states that a fatal termination is rare even after taking 5 cg."

In relation to the latter clause we must remark that Boeck must have had some mighty poor atropine. The observers quoted gave large doses hypodermically, but we of the CLINIC have fully demonstrated the superiority of the small dose quickly repeated till effect.

*Petroleum in Diphtheria*—Papasoterin finds that coal-oil has no inhibitory influence over the bacilli of diphtheria in cultures. Years ago the writer directed attention to the manner in which diphtheria followed the development of oil wells in the Pennsylvania oil-fields.

S. K. Miller says picric acid, five per cent water-solution, is best for burns of second degree.

*In greasy wounds* cleanse with gasoline.

*Thiocol* (a salt of potassium and guaiacol-sulphonic acid) is highly recommended by Maramaldi, in the first and second stages of pulmonary tuberculosis. It restores normal temperature, reduces the coughing spells and the quantity of expectoration, which becomes more mucous, diminishes the number of or removes altogether the presence of tubercle bacilli, night-sweats and chest-pains disappear, appetite increases, digestion improves, strength and bodily weight increase. These happy results in the first and second stages, are more rarely observed in the third stage of the disease. In the former the physical symptoms disappear also. Given in doses from one to three grams daily (15 to 45 grs.), thiocol produces no side-phenomena nor disturbances in the intestinal tract, and in some cases the remedy has even stopped existing diarrheas.

*Sidonal* (a combination of quinic acid and piperazin) is recommended by Benno Jaffe and F. Blumenthal in cases of excess of uric acid and in gout. It prevents new formations of uric acid and dissolves the old ones. In doses of five to eight grammes (gr. 75 to 120) daily, it converts part of the insoluble uric acid into the soluble hippuric acid, diminishing the former 40 to 50 per cent. A number of European clinicians confirm the statement.

In experimenting with *Ichthyol* to ascertain its absorption by the skin, Beck and Fengocssy came to the important conclusion that all substances that are soluble equally in water and in fat are transmissible through the skin, not only to the deeper layers but beyond it to the distant organs.

*Surgical needles* should be sharpened occasionally.

# LEADING ARTICLES

## CANTHARIDIN.\*

By WILLIAM F. WAUGH, M. D.

**C**ANTHARIDIN,  $C_{10}H_{12}O_4$ , constitutes from 0.3 to 0.5 per cent of cantharides, from which it is extracted by chloroform. The cantharis vittata, potato-bug, would furnish an unlimited supply of this principle. Cantharidin is the anhydride of cantharidic acid, and crystallizes in rectangular, colorless plates, slightly soluble in water or in cold alcohol, readily soluble in hot alcohol, in ether, chloroform or fatty oils. By taking up water cantharidic acid is formed, which unites with alkalis to form water-soluble salts. Cantharidin is by preference excreted by the kidneys.

Liebreich attributes to cantharidin the essential effects of cantharides. Comparing the results of cantharidal vesication with those of other blisters, he attributes the special effect of the former to the cantharidin absorbed. The salts in solid form are liable to decomposition, but potassium or sodium cantharidate can be administered by the stomach or

hypodermically, in weak alkaline water-solution.

Animals can be fed with hypo-toxic doses for months without perceptible ill-effects. If the dose be increased but still kept below the toxic limit, the kidneys become soft, not hyperemic, serum-soaked, showing that the capillaries allow transudation of serum to an abnormal degree. Cantharidin has then a special action on the capillaries.

Are these merely passive channels for fluid-transmission, or have they a special function like other body-cells? Heidenhain showed that the capillaries can be specially influenced by chemical substances. At any rate, cantharidin coming in contact with the capillaries causes them to exude more serum. It may be inferred that the capillaries of each different organ functionate in their own special manner. As cantharidin in larger than the usual doses causes an excessive transudation, it may be assumed that in smaller doses it has a similar though imperceptible effect. If any organ is so diseased that the serum-secretion of its capillaries is impaired, cantharidin may tend to restore normal secretion, even in doses as yet too small to affect the kidneys. This

\*In the preparation of this paper I have been greatly indebted to the fine linguistic proficiency and acumen of my honored friend and colleague, Dr. E. M. Epstein.

increase of serum-excretion necessitates a large supply of nutriment to the affected cells, so that the latter are strengthened. Hence, cantharidin is useful when disease is due to external action, or to affections of the tissues. This explains the general tonic action previously observed as following the use of cantharidal blisters. This is especially the case when micro-organisms attack the tissues, weakened by previous disease or traumatism. Pulmonary tuberculosis is especially a fit example. Petteruti reports three cures by cantharidin.

When toxic but not lethal doses are taken they cause gastric burning and pain, great thirst, the salivary glands swell and discharge freely, the pulse slows, diuresis and diaphoresis appear, with strangury, tenesmus and diarrhea. The symptoms disappear in twenty-four hours, leaving no ill trace. In severer poisoning nausea and vomiting occur. The appetite may become ravenous, the pulse irregular, filiform and rapid. Urine is increased, with pain and strangury between micturitions, increasing as the urine becomes bloody, with leucocytes and fibrinous coagula moulded on the bladder wall. Consciousness is unaffected, but there are trembling and perhaps convulsions. Even here recovery may follow rapidly.

In fatal poisoning there are acute gastritis and enteritis, spasm of the oesophagus, dysphagia; drinking is impossible as in rabies and atropine poisoning (Nothnagel), there is vomiting and violent diarrhea, bloody dysentery, the urine suppressed. Cantharides does not excite sexual activity, the severe priapism, turgidity and even gangrene of the penis, being in no sense pleasurable. In pregnant women it may cause abortion, without exciting sexual desire. Some authors fail to comprehend that irritation of the

sexual organs is not the same as stimulation of the sexual sensation. A blister on the glans would not accomplish the latter object. These symptoms are most frequently the result of cantharidal blisters. Large doses of cantharidin taken internally cause burning in the urethra and albuminuria. The latter often follows fly-blistering (Gubler), ceasing when the application is removed.

Small animals given cantharidin 0.01 (gr. 1-6), presented glomerulo-nephritis, the cells of the tubuli uriniferi congested, with hemorrhages in the renal and tubular tissues.

Nothnagel says pure cantharidin acts on the skin in doses of 0.00002 in twenty minutes or less, the action occurring more promptly when oil is used as a solvent. If a spot on a rabbit's skin is painted with cantharidal collodion daily for two weeks the usual phenomena of blistering ensue, then the underlying vessels dilate, but the fat disappears; the deeper tissues, muscles, pleura and lung become anemic (Zuelzer).

Nothnagel attributes the affection of the genito-urinary tract to the local action of the cantharidin excreted by the kidneys.

Schachowa noted the presence of numerous bacteria in the urine when toxic doses were given, and these persisted until death. The reaction was alkaline. Fat appeared on the eighteenth day of the continuous administration. Albuminuria occurred only on the third day and not afterwards. He found the alteration limited to the epithelium of the tubuli uriniferi, which was discharged as epithelial and fatty casts. The glomeruli, capillary network, connective stroma and membrana propria were unaffected, save for slight thickening of the latter from maceration with serum. Small doses are excreted by the spinal renal tubules;

larger by the part nearer the glomeruli and by the convoluted tubules, the part nearest the glomeruli functioning last. Only when the largest doses are given are changes observed in the rest of the uriniferous tubules, and least in the collecting tubes (Langhaus-Schachowa).

Radecki found large doses cause headache, formication, later on stupefaction, dyspnea, central respiratory paralysis, and death after general spasms, by carbonic acid poisoning.

Dragendorff recovered cantharidin from the putrid body of a cat eight days after death. Muscular tissue from chickens fed on cantharidin killed a cat with the characteristic symptoms.

Brunton states that cantharides affects the trachea and larger bronchi, causing congestion and irritation. It appears, therefore, that cantharidin is eliminated by all the mucous membranes, as vesication in the alimentary tract has been found even when the drug is administered hypodermically (Cushny).

Internally, in doses of one minim of the tincture, cantharides checks hematuria; in large doses it increases the disease. (Brunton).

In acute nephritis, when the acute symptoms pass and a little albumin and blood are still to be found in the urine, it is very useful in doses of one to three minims, every three hours (Brunton).

In lupus cantharidin was injected hypodermically by Liebreich, curing incipient and lighter cases completely. In other cases where nutritive disturbances were marked, this agent acted beneficially. Its use must be methodical. It is contraindicated in renal disturbances, but if the kidneys are sound the drug may be given for years without disturbing them or causing any other observable ill-effect. The dose accurately fixed in any given case, may be administered for

years without alteration, though the least increase is ill borne, producing dysuria and diarrhea.

In cystitis when there is inability to retain the urine, and in ordinary incontinence of urine, it is useful, though atropine is generally better (Brunton).

Chordee is often relieved by a drop of the tincture three times a day (Brunton).

Cantharides, one part of the tincture to eight, is a useful lotion for promoting the growth of the hair (Murrell).

Large doses are useful in impotence of elderly men (20 minims thrice daily, after meals), but accessory treatment is desirable (Murrell). This is a very dangerous dose.

Small doses cure the slight incontinence of urine in women, with cough (Murrell).

In doses not exceeding 0.12 to 0.18 c.c. (m. 2 to 3) the tincture has been commended in pyelitis, cystitis, gleet and leucorrhea. It is contraindicated in acute inflammation; it has succeeded in atonic amenorrhea, and has suppressed passive atonic seminal emissions; there is some evidence to show that the internal administration may check the progress of cancer (Shoemaker).

Full doses are useful in impotence from old age, sexual excess or masturbation (Ringer).

In simple and tubercular laryngitis potassium cantharidate causes serous exudation, which is speedily reabsorbed. Hoarseness diminishes and swallowing is easier (Liebreich).

Hennig applied cocaine cantharidate locally in tuberculosis, ozena, and mucous syphilis; three to six parts in 2000 of chloroform water.

Cantharis has been given internally as a systemic stimulant after debilitating fevers (Shoemaker).

In late stages of nephritis, with re-



laxed, torpid kidneys, or where albuminuria comes after slight exertion, tincture of cantharides 0.05 (m. 1) thrice a day, is of great service; also in chronic alcoholic nephritis, irritability of the bladder in women and children with depression, very chronic gleet and prostaticorrhea; internally in psoriasis, eczema, lichen and prurigo (Hare).

Its administration in cholera and epilepsy has fallen into complete disuse.

Diabetes insipidus has been arrested by the internal use of cantharides; it is also useful for menorrhagia in weak women (Butler).

It is of some benefit in dropsies, especially following scarlatina; in the later stages of diabetes, and in acne with uterine irritation (Ellingwood).

A careful study of the literature of cantharides shows that the active principle is largely excreted by the kidneys, to a less extent by the gastro-intestinal mucosa and slightly if at all by the respiratory mucosa. I have been unable to find any conclusive or even probable evidence to show any action whatever apart from the local effects produced on the mucous surfaces and other tissues by which the drug is excreted. The therapeutic effects are therefore to be exclusively attributed to this local action. Even the succulence of the tissues described by Liebreich comes under this head, and he shows none of this beyond the excretory membrane. In states of relaxation and debility of the genito-urinary organs we may expect from cantharidin the same stimulant effect exerted on a cutaneous ulcer by a weak solution of silver. This applies also to the uterus, and the endometrium probably excretes and is stimulated by cantharidin. To a less extent the lower bowel is similarly affected by this agent, and in relaxation of the rectal tissues, prolapse and passive hemor-

rhoids, chronic catarrh and ulcer of the rectum, cantharidin would be a useful stimulant if the dose required does not prove too irritant to the urinary mucosa. Consequently I very strongly doubt if doses large enough to favorably affect the respiratory mucosa can be given without harm to the kidneys, since very little of the drug is excreted by the lungs. Beyond these organs I am unable to find any reason for the administration of cantharidin.

In regard to its effect as an aphrodisiac the evidence is conflicting. Most authors deny that there is any excitation of the sexual appetite, the priapism being only caused by toxic doses, and as a symptom of serious poisoning. I have given the drug many times in moderate doses without eliciting the slightest pleasant sexual sensation; and in the only cases where erections were produced the suffering was too great to admit of any thought of pleasure. When impotence is attended with relaxation of the genito-urinary tissues, moderate doses of cantharidin may be useful in imparting tonicity, and the drug may be of some value as an adjuvant to strychnine, but nothing more; and of the two strychnine is preferable, since there will be also then present atony of the whole body, including tissues not influenced by cantharidin. And it would not be politic in such cases to restore the strength of this function while the more vital processes are left in a state of debility.

Cantharidin must be looked upon as a highly specialized weapon, delicate and keen-edged, capable of doing much good in a limited group of affections, but dangerous in unskilled hands. It is strictly a drug for dosimetric administration, and should never be given in rare large doses, but in minimal quantities rapidly repeated, until the beginning of burning in

stomach or urethra shows the physiologic limit to be reached. And as many of the beneficial effects of fly-blisters are due to the cantharidin absorbed, the internal administration may well replace the blister in many instances.

We here meet the same cogent query as in the case of arsenic. Having determined that cantharidin exerts its power upon certain selective cells, in the physiologic state, as above shown, is this power exerted curatively upon these cells when diseased? Were our knowledge complete of the intimate nature of disease-processes, as affecting each tissue, each variety or group of cells, this question might be answered *a priori*. As it is, the only way to determine the truth is by actual trial. There is here room for very extended experimentation, to confirm or disprove the clinical observations of earlier days, when medicinal agents of uncertain and shifting strength and composition were employed, and the difference between *post hoc* and *propter hoc* was little regarded.

Especially I would recall attention to the claim recorded by Shoemaker, of the arrest of the growth of cancer by cantharidin. This is too important to be permitted to go without investigation. As in lupus, when the cancer is within reach it would be best, perhaps, to inject the solution hypodermically into the neoplastic growth. For this the combination known as cocaine cantharidate is suggested. This is said to be a mechanical mixture like caffeine citrated, not a chemical union; but the resultant mass is freely soluble in water, which cantharidin is not.

As to the value of potassium cantharidate in tuberculosis, Nothnagel condemns it; but condemnation is habitual with this writer, who rarely finds good in any remedy. Petteruti's three cases

were abandoned by him as failures, but on examining them some time later he was surprised to find them cured. A true pessimist would not have made the final examination but suffered the cases to go on record as failures.

Liebreich gives the dose of cantharidin as 0.0002 to 0.0008 (gr. 1-667 to 1-167), well diluted. Sodium cantharidate is injected into patches of lupus. Dose 0.0001 for adults, every other day, suspended if diarrhea or dysuria occurs.

Dietrich's cantharidin oil is composed of one part cantharidin, 960 parts of olive oil and 40 of acetone.

Schroff fixed the lethal dose of cantharides for man at 2.0 (gr. 30), but of course the toxicity of various specimens varies greatly.

For use by the dosimetric method the adult dose may be placed at 0.00001 (gr. 1-6000) repeated every hour until slight burning is felt in the stomach or urethra. Chicago, Ill.

#### PATHOLOGIC CONDITIONS THAT SHORTEN THE NATURAL LONGEVITY OF MAN.

By R. C. BAYLY, A. M., M. D.



IN strolling over an old country graveyard, whether I find a crumbling sandstone slab almost buried by fleeting years or stand before a magnificent monument in Greenwood Cemetery, I always have a foreboding that the dead was cut down in active life, perhaps in early youth. It is but seldom that I find the allotted age of three-score-and-ten, and very rarely the natural age of man—a hundred years. The average record is not far from twenty, while many make it about forty. The great majority die in early infancy, and their graves are not always marked. But

the naturalist, and particularly the wide-awake physician, finds the cause of premature death no matter of great astonishment, when he contemplates the fact that at the end of this great century man and woman live in a state of almost infinite activity and high fever. However, when we consider the average age of man in comparison with that of the lower order of the animal creation, it is not strange that man, in so many ways the noblest of animals, should thus perish in his youth, while quite all the lower animals live out their allotted time and die only when they are worn out.

It seems to be a law of nature that animals live five times the actual or general period of their growth. The dog is full grown at two and dies at ten years of age; the horse usually matures at five, and dies at twenty-five. The elephant and man attain their full growth at twenty, but the elephant lives a hundred years, while man upon the average only lives about one-fifth of a hundred.

But the appalling early death that blights the life of man is not alone the most disparaging feature in the difference of the life-time of man and the beasts of the field. It is but occasionally that brutes have any sickness. As a general thing life to them is the day and night of health and joy. From infancy to old age the animal drinks from the fountain of perennial peace and health. But man is the victim from his birth of pathologic conditions that are almost innumerable. Fully half the average life-time he is racked with rheumatism, or crazed with neuralgia, or tormented with diseases that are more fatal, and sometimes even worse than death.

Many long months of an average life he must lie groaning in a sickroom. We can hardly paint the picture too dark. See that boy, ruddy and strong, and full

of life and promise, his merry voice the music of the household. To-morrow he lies pale and cold, the food of worms. In all the world there is absolutely nothing so lovely as a maiden blooming into womanhood, her cheeks more beautiful than the roses, and her whole soul full of purity and happiness. She has the promise of health and long life, and so, she often stands for a moment, a picture of angelic vision in the portal of human life, and then goes forth to drop into an unseen grave, opening at her feet. For what was such a rare flower brought through years of growth and care to such perfection, and blasted as it blossomed?

I see a man, one of nature's noblemen. He is the founder of great industries that give useful work to hundreds, and they know him as their friend. The weak come to him for defense and support and the sorrowing for sympathy. He appears inspired with wisdom, so that men hang upon his eloquent words, and he is now at the summit of life and power. He is planning greater things; broad schemes to feed and educate the poor, give the homeless homes, and reclaim the vile and bring them back to God. But suddenly the king of terrors comes. The godlike plans are lost, and want ignorance and crime go on unchecked. Now, from tragedies like these men sometimes turn away and say there is no God.

I wish in these papers to show that early death is not of God, as the religious fraternities of the age teach, but rather that all pathologic conditions and death are the result of certain causes; that it will be shown not only that man may live out his days in cheerful health, but that it is his imperative duty to so live. Accidents must and will come, because there is nothing exactly perfect in this world. In almost everything we find some flaws, perhaps to make us as-

pire for something higher and better. The terrible destruction of human life by natural causes, such as the overflow of Galveston, Texas, the stroke of lightning or an earthquake shock, are simply elemental convulsions of earth, sea and sky, which are only expressions of natural phenomena. A few diseases, it is true, cannot be prevented; and it may be a long time before wars will cease. But where these combined slay their scores, the perpetual army of fevers, consumption and catarrh, slay their thousands; and none of these is of God's sending.

But when we shall be able to boast a more enlightened and better civilization, and the members of the medical profession shall adopt a more liberal and more harmonious bearing among themselves, and get upon the "delectable mountain" of peace, standing together in the full power of their greatest wisdom and ability, diseases will be more largely controlled, and the most destructive waste of human life before the age of a hundred years will comparatively cease, "till the heavens be no more."

However, these thoughts on the diseased conditions of man can have little weight, without considering that the successive races of organized beings, from the lowest and passing to the highest tribes, depend not only for their health but for their very existence upon the action of external physical forces. The vegetable kingdom is not endowed with locomotive power—deriving its existence directly from external agents it is completely under their control. If the summer sun is too hot, or rains do not fall, a plant withers and dies. In the same manner the lower races of animals have their existence determined by the action of purely physical causes; if these are favorable they flourish, if unfavor-

able they must submit to an inevitable lot.

To animals that are higher in the scale of being the rigor of the natural laws is to an extent remitted, and a certain amount of independence allowed. The lion for instance can retire to a shade in the middle of the day, and yet he is held in a state of subjection by the operation of an overruling power. The sunbeam is his chain.

In man alone the emancipation is complete, for to him is committed the control of nature's forces. Developed by civilization, man is not a prey to the accidents of the seasons. If the harvests fail him in his own country he has created commerce which brings him an abundance from distant places. He does not in unfavorable surroundings wait entirely upon nature but compels her to minister to him. If oppressed by hunger fishes migrate in the sea, great flocks of birds direct their flight through the air, and immense droves of buffalo wend their way to salubrious climes and abundant vegetation; but civilized man puts his arm across the globe and supplies his wants.

We might appeal to individual experiences as to the enervating effect of hot climates, or to common observation as to the great influence exercised by atmospheric changes, on both our intellectual powers and our bodily well-being. The dependence therefore of all life, vegetable and animal, upon climatic changes is positive evidence that health, disease and death are in turn largely dependent upon environment. This is true, as I have observed through a long and extensive practice, in the state, in the country and vicinity, and even to the dwelling and the particular room in the building.

The knowledge we have obtained of the world's past history, teaches us that her surface has passed through many modifications, and that her physical condition has undergone great alterations in the slow course of time, and consequently pathologic changes as well. Her geographic aspect informs us of very many mutations. There are continents where the sea once was, and there are oceans where there was dry land. In remote antiquity the composition of the air was not the same as it is now; it contained more carbonic acid and less oxygen gas. For long centuries no appreciable change of this kind has occurred, and it follows that a period of almost unlimited duration, so far as our standard of time is concerned, must have elapsed for changes so immense to have been completed. And as the composition of the atmosphere and its pressure have in this gradual manner passed through vast changes, so likewise has the heat of the globe. There was a time, no doubt, when the intrinsic heat of the earth was so great that the climatic differences, as we now observe them, were altogether hidden; but as the heat gradually escaped and the earth became cooler and cooler, climates emerged.

And looking through the past vistas, keeping in mind the control exerted by physical agencies over organic forms, we should expect to see that physical influences, warmth and pressure, composition of air, the distribution of land and water and a thousand other things, have changed. With them must have come great changes of all animated beings. In the dense and poisonous atmosphere of primeval times hot blooded animals could not have existed. Physiology and geology prove that they could not and did not appear until after the atmosphere was purified, and the natural conditions were in harmony with their mode of life. Slow

change in natural conditions implies correspondingly slow change in all the tribes of plants and animals, that is, in all organic forms, plants standing in the attitude of cause, and animals in the attitude of effect. And in the same manner as in their succession, in obedience to these principles large groups, whose conditions in life had become incompatible with the changed external conditions, were necessarily eliminated, that is, they became extinct. As the mastodon which roamed over this continent disappeared through inability to withstand the increasing rigor of the winter, so the numberless inhabitants of the ocean, the land and the air, passed away.

Fearing that I have been making observations too remotely connected with what is indicated by the caption of this article, I must hasten to return, with the thought that whether the present continuous dissipation of heat and the consequent acquisition of cold to our globe will be noticeable in the discussion of pathologic conditions, in the short period that marks our time, I leave for the contemplation of those who stand high, and as writers have already attained distinguished prominence in the medical profession; with the single remark, however, that as the earth's heat declines and the cold comes in, the conditions of human life may be more favorable, for the reason that there will also be a decline of carbonic gas, with a corresponding increase of oxygen, to an extent perhaps more auspicious to general health and longevity.

In closing this paper, now long enough, I would say that from the present abnormal status of the human family at least ninety per cent of the early deaths come from three causes, which I propose to discuss as follows:



1. The waste of life-power.
  2. Bodily deformity.
  3. Direct or indirect poisoning.
- Decatur, Ill.

## PHOTO-THERAPY AND THE COLOR-CURE.

BY E. D. BABBITT, M. D., L. L. D., DEAN OF  
THE COLLEGE OF FINE FORCES.



N discussing this, or any other subject, it is all-important to establish ourselves on the immutable principles of things.

We must ascertain what are the laws of force; what are the processes of chemical affinity which rule everywhere in the human world as well as in the external universe, and how does nature, of which man is a part, develop her marvellous phenomena. It seems to me that our medical and other scientific men are prone to work on the principles of induction to the neglect of the equally important matter of deduction.

To reach the processes of electricity, of thermism and of chemical affinity, we must gain some leading ideas of the very form and working of atoms themselves, otherwise we shall continue to guess and work in the dark. We must search into the refined potencies in which dwell the very secrets of power, such as gravitation which swings the universe, sunlight which kindles all things into action, mental force which measures and weighs all things, chemism without which pulsation, respiration, vital force and even the power of thought would be impossible. By such expressions I do not ignore the fact that there must be a subtle and amazing entity which we term spirit, or the intersoul, that is an absolute necessity in all things and without which, as I have

been forced to perceive, atomic action itself is an impossibility.

The looseness of theory and the false inductions of our men of science have led to the foregoing remarks. An esteemed physician has desired me to review the article on Photo-Therapy, which appeared in the August number of the ALKALOIDAL CLINIC, and which sets forth the theories of Prof. Finsen's Medical Light Institute at Copenhagen, Denmark. The labors of such a man as Dr. Finsen deserve commendation, as he has been daring enough to enter the new field and develop important facts, while the slow medical men of the day were seemingly entirely indifferent to them. While approving of his efforts thus warmly I appreciate that, in common with most other writers on the subject, he has not reached the soul of the color forces and his looseness of theory is entirely misleading.

To commence with, he speaks of the chemical or actinic rays of light, as if there were any such things as color forces that are not chemical. It has been for a long time a custom of scientists to speak of the actinic end of the spectrum, including the blue, indigo, violet and ultra violet as they term it, but they are gradually finding that some of the warmer colors, such as yellow, orange, etc., are actinic also. I will make a few statements without attempting any special demonstrations of them, having been doing this in our published work for about a quarter of a century.

1. The universe can be measured qualitatively by its color forces. Objects which do not manifest any color as seen by the external eye must be heated until made luminous, and passed through the prism of a spectroscope. Their color forces then become evident.

2. There are only two kinds of force in the world, that which is expansive or

the law of thermism, and that which is contractive or the law of electricity, the coarser manifestation of which is felt as cold. These are differentiated into countless grades of fineness by means of which we get the infinite diversity of the universe.

3. The more refractive end of the spectrum, including the blue-green, blue, indigo and violet colors, is electrical, being cooling, soothing in all excitable conditions and so contractive as to press the life out of minute organisms, in a way to make these colors antiseptic. Now when Prof. Finsen asserts that these colors, which are known to be innately contracting and hence cooling in their nature, are inflammatory and exciting, he is violating all principles of force as well as a thousand facts which I have been noting for a quarter of a century.

The electrical colors, especially the blue, which is the central principle of chromatic electricity, are proved to be febrifuge, refrigerant, sedative, astringent, anti-inflammatory, styptic and antiseptic. "The blue principle is a great antiphlogistic," said the learned Dr. Frederic Ehrmann, of Cincinnati. Fearful gastritis and even cancers of the stomach have often been cured by blue charged water taken internally. Between one and two thousand cases of diarrhea have been cured by the blue charged water which we term ceruleo, and diarrhea comes from an inflamed condition of the bowels. "I cured an old soldier with ceruleo, in two weeks," said J. P. Thorndyke, M. D., "who had been troubled with diarrhea every day for thirty years." Blue is especially cooling to the blood, while violet is cooling and soothing to the nerves. Blue glass, especially of the mazarine grade, which has a violet cast when seen in front of a lighted match, is the best medium we have at present for transmit-

ting both the blue and violet and to some extent the trans-violet rays.

I will now attempt the explanation of what has perhaps misled Prof. Finsen and his co-workers with reference to these electric colors. At the very start, however, I am fully aware that when I attempt to enter these subtle realms of force, those minds that have always dwelt with gross elements will accuse me of being visionary; but that is not true, for I shall build on demonstrated facts.

In the first place, then, I will remind the reader that there is an immense storehouse of solar rays which are entirely invisible to the outer vision. Prof. Stokes has ascertained that the invisible rays above the violet in the spectrum are ten times as long as the whole range of visible colors. Does the reader presume that there are no other octaves of color than the visible scale? There are many octaves of musical tones, each one of which has twice as fine vibrations as the one below it. But our visible color scale does not embrace one full octave, as there is a ray below the red, entirely invisible and hotter than the red itself. We call this thermel (not thermal), from the Greek therme, heat. Adding this to Newton's nomenclature we have thermel, red, orange, yellow, green, blue, indigo and violet.

Now I wish to call the attention of my readers to the fact that Baron Reichenbach of Vienna found sixty persons of both sexes, some of whom were eminent, who could perceive a finer and higher grade of lights and colors than those which are visible. These may be called the second-grade colors, or the odic colors, commencing with the odic thermel, odic red, odic orange and so on. No human eye, so far as I know, has been able to see the thermel of the first grade or visible colors, it being known as the

center of heat. In the second-grade colors it appears in all its searching powers as a red with a bluish tinge. It is well known that in the first-grade colors the violet becomes more and more red as it melts away into the second or odic grade, thus progressing toward the higher thermel.

Now at last we shall be able to unravel the mystery of the X-ray. It consists of the more thermel and luminous portions of the odic rays, as sensitives see them issuing from the negative or cathode pole of a magnetic or electric current. These sensitives of Baron Reichenbach saw them as red, orange and yellow, with slight amount of blue and violet, and felt them unpleasantly warm, while at the positive or north pole the blue, indigo and violet predominated, giving a cooling and soothing influence which they greatly preferred.

But why are the X-rays so liable to burn blisters on those who deal with them? Fine forces are generally softer in their influence than coarse ones, but this severe power evidently comes from the thermel, which for the first time appears in its full burning potency in the odic rays. These odic rays are sufficiently fine to penetrate matter which is opaque to ordinary light, and by means of a photographic apparatus can pass through a human body and paint a landscape beyond.

At the present day there are many persons whose inner vision is sufficiently developed to see not only this odic grade of colors but the next grade above, which we term the third octave or the psychic grade. These are indescribably beautiful, and possess those lightning activities that kindle in certain human beings marvelous intuitions and perceptions which are the amazement of others. Those who can get *en rapport* with this grade of light

can see through opaque substances with far greater clearness than can be done with a fluoroscope.

But now let us come back to Prof. Finsen. "Finsen has demonstrated," says Dr. Epstein, "that the ability of light to produce an inflammation of the skin lies essentially in its ultra-violet and blue rays. In the first place I must state that the term ultra or extreme violet, in the light of facts already given, is less correct than trans-violet, as the colors beyond the violet are not violet at all. When he says the inflammatory effect lies beyond the violet, in so far he is mainly correct, although there is more or less of an inflammatory influence in the red. When he calls the blue inflammatory, he violates the facts of observation gathered during ages back, some explanation of which I have already given. When he speaks of the "innocent red," the "comfortable" red, he seems to be governed by its effect on one or two diseases, utterly oblivious of its general effect. Red is a roaring lion when wrongly used, the coarsest and most savage of colors. Acting on the law that makes similars repel and intensify each other, it rouses the hot arterial blood. A man who was full-blooded and strong in his arterial temperament informed me that it made him wild to have a flaming red before him. A man would be rashly brave or very ignorant who would wear a red garment in the vicinity of a bull. I once required a sensitive lady patient to wear yellow-orange paper over her liver, but cautioned her against the red. She had a curiosity to see how the red would affect her, and wore the red next to the skin over the liver one night. For two weeks afterwards she said she went through a siege much like bilious fever. I placed a young man who sometimes had hemorrhage of the lungs in a solar-sweat

bath arrangement which we call a thermolumine, placing a blue pane over his lungs and warning him against using red glass. Out of curiosity he thought he would test the red a little, and brought on a hemorrhage which nearly took his life. I could give a large number of facts concerning this "innocent red," which, however useful in its place, becomes terrific if misused. A Congressman in Washington having read of the ruin to eyes caused by red color shades on lamps, saw a domestic wheeling a babe in a red-topped vehicle. The red drapery hanging down over its face had caused its eyes to become inflamed, and the poor child was blinking in seeming discomfort. The Congressman followed the child all the way to its home, and pleaded with its mother to save the little one's eyes by adopting a more soothing color.

Prof. Finsen and his coadjutors, wholly unaware of the laws of color-force, made two or three fortunate guesses as to the power of red to heal. They learned that it is very useful in the treatment of smallpox and especially of lupus. They did not know why these diseases needed the red. This color is entirely unequalled for the treatment of chronic rheumatism, for arousing into action dormant blood, especially arterial blood; for softening and dissipating hard tumors, etc. What is the law? The following: Similars repel, i. e., red light repels, arouses and intensifies arterial blood which is red. Such red substances as capsicum, the tincture of iron, etc., do the same. Such red substances as strawberries, tomato, etc., would burn and kindle the blood were it not for the acid connected with them, which acid is generally a bluish or cooling force.

Many years ago, when I was promulgating these principles of Chromopathy and other fine forces in New York, the

*Herald* published an article with reference to the Scandinavian discovery of the curative power of the red ray in cases of smallpox. I wrote them a letter stating that red forces were animating and enkindling to red elements, that red rays fixed up the blood, helped in throwing the virus outward and scattered the red papules and vesicles so as to prevent the deep pitting. The editor could not be made to understand the principles of the matter and it did not appear. Let a person develop some good result, go half-way or quarter-way into the causes or the soul of the matter, and his praises will be sounded over the country and perhaps a pension be granted him. Let a person go into the very principles of a thing, embracing both practice and theory, and the world will look coolly upon his efforts, duly glorifying them years after he has vanished from the earth.

The world has been afflicted by one-idea systems. General Pleasonton, of Philadelphia, started a craze for "Blue and Sunlight." When the blue was needed some wonderful cures were made, but there were cases in which the blue was already too predominant and that was just the wrong thing. Dr. S. Pancoast practised on the plan of "Blue and Red Light," as his book was called, and being more scientific than Gen. Pleasonton, made some fine cures. A large New York establishment has adopted the violet ray as the *summum bonum*, and aided by a great power of arc lights, is said to be achieving fine results in the cure of pulmonary consumption; but some kinds of phthisis require other colors. Prof. Finsen has red as his triumphant power, or if he deals with other colors he misinterprets them as has already been seen.

How important it is that we emerge from empiricism and build on a bed-rock of principle. As I have already said,

colors measure the universe and it is immensely important to understand the style of force of each color, including its chemical and therapeutic power.

It is not my purpose to give any treatise on light and color in this place, but a hint as to the chemistry of color may be in place here. In all perfect chemical affinities an electric color must always combine with a thermal color. Thus, there is oxygen, the champion electric atom, whose predominant color in the spectro-scope is blue. Then there is hydrogen, the champion heat atom, whose predominant color is red. Combining the two we have water, the most perfect chemical combination in nature. Red and blue form chemical affinities and balancing principles of each other. If red, for instance, kindles the blood into too great excitement, we balance it by the blue. The thermal color, yellow or yellow-orange, rouses the nerves into action. Its chemical affinity, violet, quiets the nerves. Harmony is the balance of contrasting elements. Any extreme force, if fired up sufficiently to awaken chemism, reaches out for its contrast. Disease is a perverted one-sided action; when the other side is added the tendency is towards health. Homeopathy is the process of obtaining two dissimilars through the pathway of similars. Find a substance which will produce a disease similar to that which you wish to cure; then triturate or succuss it violently against the air until you reach a high attenuation, and you will have the contrasting power which cures, because chemical affinity has been awakened and it draws all volatile, contrasting elements from the air. Chemical affinity cannot draw similars. An acid, which is generally of the blue principle, seeks out the alkalies, for these possess predominating thermal colors in the spectrum.

It is high time that homeopaths themselves should understand the great difference there is between a high and a low attenuation. One of the leading homeopaths of the country informed me that he had raised both the red and blue light to the millionth attenuation and always found that the red was a soothing and nervine power, while the blue was more exciting and animating. "You are correct," I remarked, "because you have converted your blue into red and your red into blue; for a high attenuation of red would give its contrast, blue. You would have saved yourself great trouble if you had taken pure red as your animating principle and pure blue as your sedative principle, omitting all attenuating processes."

There are other important points that should be mentioned, but my article is already too long. In closing I would say that I have tested the potency of the different colors in thousands of cases by charging or medicating water in bottles of various colors. I fill the bottle with water as pure as I can get, and let it stand in the sunshine for an hour, or still better for a day. It becomes the most exquisite of all medicines, and being so refined as to act on nerves as well as the blood makes cures that are more fundamental and enduring than can be made by the ordinary coarser drugs. Among other things I have had bottles of the various colors made in the form of double convex lenses, which when filled with water focus their own color with power on any desired part of the body. These used externally reach the serous membranes, while the charged water used internally, several tablespoonfuls at a time, reaches the mucous membranes more especially. These color-charged waters form a kind of a celestial materia medica, free from



all toxic effects and so refined as to up-  
build the mental and nervous system.

San Jose, Cal.

### THE CACODYLATES.

By SAMUEL H. LINN, M. D.



T may not be known to the profession generally that at this time in Europe an immense amount of attention is being directed to these new or old organic compounds of Arsenic.

Arsendimethyl or Cacodyl—As 2 (C H 3. 4)—is so called, "Cacodyl," on account of its repulsive odor.

It was first developed by Bunsen, but no attempt was made to use it in medicine until about five years ago, when Dr. Danlos in France took it up in connection with the present Professor of Chemistry at the Paris faculty, Dr. Gautier, who prepared sodium cacodylate, the preparation now in use. Since then cacodylates of iron, mercury and so on, have been tried.

The clinical preparation now generally recognized as most valuable is the sodium cacodylate, and the best method of its use is by hypodermic injections of about one grain (0.05) per dose, t. i. d. by the mouth, or once daily by hypodermic.

℞ Sodii cacodylati . . . . . gr. c;  
Alcoholis carbolisatis m. . . xii;  
Aquæ (sterilisatæ) . . . . . ℥iv.

M. This gives about three-fourths of a grain by syringe, and is a good formula.

The neutral salt should be in crystals. It is soluble in water, solutions do not taste much and can be taken as they are. It is, however, not much used by the mouth as the solutions do not keep well. If care be taken to give only a small and

freshly-made solution, many patients could take it by the mouth.

For this purpose a solution made as follows is used:

℞ Sodii cacodylati . . . . . gr. i;  
Sp. sacchari . . . . . dr. i;  
Syrupi . . . . .  
Aquæ destillatæ aa ad . . . ℥ ss.

M. A single dose to be given *after food* three times daily.

Many of the French chemical manufacturers are putting up little sealed glass tubes (Ampoules) for hypodermic injection and for use in the rectum. The same dose (0.05) is used per rectum as by subcutaneous injection, and indeed by the mouth.

It is claimed that the indications for the new medication are increasing every day, as it exercises a beneficial stimulating and tonic effect on all patients who have tried it, giving an almost immediate improvement in the general condition and appetite, with an increase in weight.

It is eminently adapted to cases requiring large doses of arsenic, as it is absolutely safe even in massive doses, and so little poisonous in comparison with the other inorganic arsenical compounds. One important matter is that its use should be suspended, after five or six days treatment, for several days.

A personal case is given as an example:

Mr. B. D. came for treatment. He was in a very weak and low condition and broken out all over the body with acne. About the nose it took the form of acne rosacea. He was given daily one injection of (0.05) sodium cacodylate, from sterilized ampoules and carefully sterilized syringe. On the fifth day a great change was noticed. The acne paled and he felt decidedly better. He was told to stop the treatment for three or four days. He returned in four days and

took five more treatments, with constant improvement. Again a stop was made of four days, and five more treatments completely cured the case. It should be said that this man had been for years subject to attacks of acne, and that the rosacea about the nose is not completely cured, but it is very pale and apparently disappearing.

In obstinate skin diseases very much larger doses have been used, as much as four times the above, but as this case cleared with the small dose it was not increased.

It is affirmed that the greatest results have been obtained in phthisis and tuberculosis, amounting indeed to resurrections; also in diabetes, Basedow's disease, stomach cancer, anemia and chlorosis, skin diseases, exophthalmic goiter, etc.

As regards rheumatism, we quote from a reliable authority, Dr. Thomas Linn, of Nice, France. He says: "We have tried it in serious cases of rheumatoid arthritis, and anemic states resulting from chronic forms of rheumatism, and confidently recommend its use in such cases. The results have been surprising. Lately we have been using the glass ampoules, intended for hypodermic or rectal injections, by the mouth, telling patients who would not take the intensive treatment, which is the best, by hypodermic injections, to take the ampoules and simply break the ends over half a glass of sugared water, and drink the medicine thus, three times daily. This has given us excellent results. It is completely sterilized. No doubt a freshly-made solution will answer, but it will not keep well, if allowed to stand some weeks, for instance."

In all weak states, says Prof. Gautier, the cacodylates taken with food increase the appetite, increase the strength, and seem to produce the same effects that

Professor Brown-Sequard attributed to his testicular fluid. Their indication therefore in genital weakness is apparent.

The arsenic in this organic form seems to carry exciting effects to the cells and increases their vitality, their reproductive powers, and makes them young again.

It is a confirmation of the old physiologic law which declares that all organs moderately excited react and develop, and even reproduce themselves.

Experiments with cacodylates of iron and mercury are now going on, and we can hope much from them. The "cacodylate iodide" is one we are much interested in, and we may hope to give reports of its action before long.

243 Alexander Street, Rochester, N. Y.

## INTESTINAL DISORDERS IN CHILDREN.

By C. E. TUCKER, M. D.



In my experience in pediatric practice I have found the intestinal diseases particularly difficult to treat successfully, and this, I believe, is also the experience of many other practitioners. Hence any new therapeutic agent that promises effective aid in the safe management of these cases, and the reduction of the dreadful mortality among infants, is deserving of a thorough trial. For this reason I presume to ask the attention of the profession long enough to relate briefly my results with certain remedies that, I am sure, when once carefully tested, will find a permanent place in the therapeutic armamentarium of every progressive practitioner. There may be some physicians especially in remote districts like where the writer resides, who have

had no opportunity to acquaint themselves with the merits of the newer intestinal astringents and antiseptics, and it is to these that my remarks are chiefly addressed.

Especially would I recommend to your consideration tannopine and tannigen for the intestinal diseases of infancy and childhood. Of these two preparations, perhaps the former would be the most suitable for the acute and the latter for the subacute and chronic diseases of the intestinal tract. But as each case is a law in itself, it is necessary for each practitioner to decide which would be the appropriate remedy for each individual case.

Tannopine is a yellowish-brown, slightly granular powder, both odorless and tasteless, and therefore very easy to administer. Tannigen is a light gray powder with a slightly acetic taste and odor, but not unpleasant. Both these drugs are insoluble in the gastric juice, and are therefore free from any irritating effect upon the stomach. In the intestinal canal their decomposition takes place by which tannic acid is gradually liberated. Owing to the nature of this separation the tannic acid acts directly upon the diseased mucous membrane without having its action impaired by forming inert combinations or undergoing absorption. In the case of tannopine there is also a liberation of hexamethylenetetramine, which in turn gives off formaldehyde, this acting as a very efficient antiseptic.

I will now give brief histories of a few cases of which I kept records and in which these two remedies rendered me signal service:

Case I. July 1st, I was requested to prescribe for U. W., a white female infant aged 15 months, who had suffered with diarrhea for several days. There

was also nausea and vomiting. She was pale, languid, and fretful when aroused. The stools were thin, greenish, and had an offensive odor; the tongue was furred and there was an intermittent pyrexia. Diagnosis: Summer complaint. Treatment: I gave the following alterative formula:

Calomel,	1 grain;
Pulv. ipecac,	¼ grain;
Sodium bicarbonate,	12 grains.

M. Divide in chart. No. XII. Direct: One to be given every hour until the bowels act freely.

After this had the desired effect I gave Tannopine

Bismuth subnitrate, aa ½ drachm.

M. Divide in chart. No. X. Direct: One every three hours, administered in sweet milk.

The patient recovered sufficiently to pass out of my care, but died in about a month, probably from a relapse of the same affection.

Case II. Sam. R., a white male infant, aged 17 months, had been suffering with diarrhea for several days. At the time of my first visit he was having several muco-sanguineous passages daily, with much tormina and tenesmus. He was pale and lethargic, the pulse feeble, the facies denoted serious disease. Diagnosis: Ileo-colitis.

Treatment: I first gave one-half drachm doses of castor oil with five minims of paregoric, and later tannopine and bismuth, of each three grains every three hours. He improved rapidly, but before the cure was complete my supply of tannopine was exhausted, and I substituted zinc sulphocarbolate gr. 1-6 every hour in a teaspoonful of water. He improved slowly for several days, but the treatment seemed powerless to check the disease entirely; so having obtained a new supply of tannopine I again put

him on the original formula. A toxic fever developed, however, and the treatment was discontinued; and he was given quinine sulphate one grain, pulv. ipecac gr. 1-40, every three hours. When the fever was broken, tannigen was prescribed and he made a good recovery.

Case III. July 11th, 1900, I was called to see A. B., a white male baby, aged seven months. He was a strong, robust infant, and when first examined had had a diarrhea for some days, having six to eight thin, greenish, foul-smelling passages in twenty-four hours, without pain or disturbance of the stomach. Diagnosis: Diarrhea, likely to terminate in entero-colitis.

Treatment: Two good-sized doses of castor oil were administered to thoroughly clear out the primæ viæ, and the following prescribed:

Tannopine,	12 grains;
Bismuth subnitrate,	36 grains.

M. Divide in chart. No. XII. Direct: One every three hours. This treatment with aconite for the fever cured the case promptly.

Case IV. July 24th, I examined R. T., a white male aged two years, who had been sick one week with bowel trouble, and had had six to ten olive-green passages per day, characteristic of summer complaint. There was mild fever and some tormina and tenesmus. I gave one drachm of castor oil every two or three hours until the bowels acted freely, and then administered:

Tannopine	
Bismuth subnitrate, aa	½ drachm.

M. Divide in chart. No. X. Direct: One powder every three hours. Recovery prompt.

Now some who read this article may wonder why I combined the tannopine with bismuth. For this I had several reasons. First, such a combination is

recommended by those who have used tannopine in these diseases. Second, bismuth is one of my favorite remedies for intestinal affections. Third, in a majority of these cases there was gastric irritation, and for this I have found bismuth a very certain remedy. These I consider sufficient reasons.

In closing I will say that I have found tannopine and tannigen such faithful allies in the treatment of infantile intestinal diseases, that I feel warranted in recommending them to the favorable consideration of those members of the profession who have not had an opportunity to use them.

Joppa, Ill.

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### "THE VALUE OF A STATIC MACHINE TO THE GENERAL PRACTITIONER."

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BY E. H. GRUBBE, B. S., M. D.

Professor of Electro-Physics, Radio-Therapy and X-Ray Diagnosis, Illinois School of Electro-Therapeutics. Lecturer on Electro-Therapeutics Hahnemann Medical College. Chicago, Ill.



IN this age of progressiveness, when the laity determine largely the kind of study to which a physician must apply himself, it becomes necessary, in order to be considered a progressive and up-to-date physician to be able to treat patients with the latest therapeutic developments. Narrow-mindedness on the part of the physician means self-destruction.

It is true that the difficulties which arise in the use of static electricity as a therapeutic agent are multiplied and complex, but if physicians will use care, have a little perseverance and give attention to

details, their efforts will be crowned with success, even beyond their expectations.

The beginner in the study of electricity will first learn that electro-therapy is not a new thing. Second that static electricity as a therapeutic agent is one of the oldest; that it has brought about results which were almost miraculous, when other therapeutic means have failed; that progress in this line of late has been even greater than in the great field of surgery.

Until recently the therapeutic value of static electricity was not appreciated, because its physiological action was little understood.

Practically the study of this form of electricity is in its infancy, yet it is surprising how broad a therapeutic field it has already developed and how many cases can be relieved by its application.

It has been truthfully said that "No instrument or set of instruments has such a wide range of usefulness as a static machine."

If you have any doubts as to the possibilities of this form of electricity, locate some colleague who possesses a static machine and who knows how to use it; have him tell you a few things about this force, or better, have its powers demonstrated upon your own person.

The study of this agent from a physiological standpoint will surprise physicians who are not familiar with it. The future indicates that as a therapeutic measure it is destined to be one of the most important. No other has the suggestion of greater possibilities, and the medical profession of the future, to succeed, will be compelled to have knowledge of this great force.

Without going into the various methods of administering this form of electricity to the different diseases or conditions to which it may be applied, a general consideration may be advisable, but

in so short a paper we can only mention, in a cursory manner, a few of the diseases and conditions in which static electricity is indicated and in which it will usually bring most excellent results.

Above all it is a regulator of the functions of the body. Its greatest activity is manifest upon those functions which have to do with metabolism—the modification of nutritive processes. Because of this action it is the greatest stimulant and tonic we know of. It equalizes the circulation in general.

Since most functional ailments are caused by disturbances of normal circulation or of normal innervation we can readily see how it is that static electricity does its work.

It has achieved especially brilliant results in the diseases which are usually classified as chronic. No other therapeutic agent can compare with it in the treatment of nervous affections. It is easily applied, and as the removal of the clothing is not necessary, it is exceedingly pleasant to the patient.

In all varieties of gout, rheumatism and arthritis the efficiency of this form of electricity has been tested and found to be unequalled.

In gynecology it has even outdone galvanism and faradism in the relief of many distressing ailments of women. Especially is this the case in dysmenorrheas, amenorrheas, pelvic adhesions and chronic inflammatory conditions, and at the menopause no remedy elicits more frequent expressions of satisfaction or gives more speedy and permanent relief.

It is the remedy par excellence in epilepsy, chorea, hysteria and other mental disturbances. Neurasthenia or nervous exhaustion, a condition which, because of its great variety of symptoms, is a puzzle to the physicians, will be improved



immediately under the influence of static electricity.

Even such profound diseases as diabetes, Bright's disease and paralysis agitans may be decidedly relieved and in many cases entirely cured by its application. In locomotor ataxia sometimes one single treatment will do more to relieve the "lightning pains" and "crises" than any other remedy, not excepting morphine. Patients are made comfortable and actually say they find life worth living again.

Most surprising results have been obtained in paralysis and atrophies. Whole areas and groups of muscles have once more been restored to complete power.

Because of its well known power to improve the richness and purity of the blood, it is of undoubted value in anemia and chlorosis and all diseases due to impaired nutrition.

No other one remedy has earned as much praise in the relief of neuralgic pains, sciatica and lumbago. Its control over the muscular and nervous system is supreme.

Many skin diseases including those of the scalp yield to static treatment. It always pain in any part of the body and as a remedy for insomnia it is unrivaled.

From the foregoing it will be seen that there are but few diseases or conditions in which static electricity cannot be used with great benefit. Although it is not the intention to leave the impression that static electricity is a "cure-all," yet we find many patients who have run the gauntlet; have tried everything without relief, these I believe we should give the benefit of a trial of this form of electricity.

We have not by any means enumerated all the different diseases and conditions to which static electricity is applicable, but it is not necessary to further laud its

benefits. They speak for themselves. We venture to assert that no progressive physician can do full justice to himself and many of his patients without its help.

If physicians will conscientiously study this force, the brilliant results obtained in practice will remunerate them for their trouble and they will have become familiar with one of the most potent therapeutic agents ever given to the science of medicine.

In addition to the use of the static machine for general therapeutic work, another and equally important feature is its applicability for X-ray work.

Therefore the possession of a powerful static machine enables the physician to combine treatment with diagnosis. Today radiography is universally recognized as the best and only absolute method of diagnosing fractures and dislocations, also in localizing foreign bodies and abnormal growths in any part of the body. We may examine the lungs, the liver and brain. The stomach may be definitely outlined by means of the X-ray, and its size, shape and position determined. The position of such bodies as bullets, pins and needles, because of their great density, is of course easily detected. The extent of an aneurism of the aorta may be determined before physical signs appear. In fact the X-ray has opened up the greatest field of the century in the matter of diagnosis and therapeutics. Even the most skeptical concede the value of an X-ray outfit to diagnose fractures from dislocations, incorrect diagnosis of which by the ordinary methods usually results in lawsuits.

There is no doubt as to the value of the X-ray also used as a therapeutic agent. In the treatment of skin diseases it has already developed to a greater degree. The various conditions of acne, eczema, sycosis, herpes, hypertrichosis, favus and

chronic œdema have been relieved and those most formidable diseases—cancer and lupus—which have resisted everything else have yielded, and almost marvelous results have been obtained by the aid of the X-ray.

Under its influence combined with other static currents the numerous cases of consumption of which every practitioner knows may be decidedly benefited.

An X-ray outfit will pay for itself in a short time. The practitioner is more liable to lawsuits now than heretofore, in fact, it seems that there are unscrupulous patients and lawyers who devote most of their time to damaging the reputations of physicians. In order to protect himself the physician should be able to apply every possible means to correct diagnosis. The importance of the fact that one is able by means of the X-ray to diagnose a fracture from a dislocation without any doubt, is self-evident. But aside from the medico-legal aspect it is a medium capable of being used for diagnosing many diseases in which physical signs are very doubtful. The discovery of renal and vesical calculi by radiography has been demonstrated in many cases and proved by operation.

Because of the great variety of uses to which a static machine may be applied we must conclude that there is no one other therapeutic apparatus which the physician uses, which will bring him more speedy success, financial remuneration to himself, and relief to his suffering patients, than a static machine. A young physician just starting out can make no better investment, if he can spare the money, than by supplying himself with a complete static and X-ray outfit. It gives him a superior standing at once, not only among the people of the community, but the physicians in his lo-

cality recognize in him a valuable addition to the profession.

2614 Cottage Grove Ave., Chicago, Ill.

## DOSIMETRIC NOTES.

BY THOMAS LINN, M. D.



**SKIN DISEASES.**—The dermatologists are constantly irritating the skin by the use of sulphur in large quantities, with more or less result as to cure. In reality Dr. Burggræve thinks that the vegetable substances are more useful in treatment of skin diseases than the mineral.

For instance, the oil of turpentine will destroy itch; and many of the dermatoses—such as acne, etc.—are of a parasitic nature, so that they are easily gotten rid of by turpentine, which not only is not irritating to the skin but is rather pleasant and gives as we know a violet odor to the urine. It is excellent in the form of soap.

There is another class of skin affections, those that make an inflammatory eruption and involve the histology of the skin—that is, the sebaceous follicles, sweat-glands, etc.—and when little pimples are found in these cases three to six granules of veratrine per day and the Saline Laxative in the morning will have a wonderfully calming effect upon all such skin troubles. Veratrine is an excellent sedative to the skin, gives a sensation of freshness to it and causes all itching to disappear. This is valuable to women who have passed middle life and suffer much from skin irritation.

*Dosimetry.* Dr. Burggræve in a recent article says that Dosimetry needs constant explanation, for those who will not understand and do not take the trouble to find out, the essential point as

to the quantity of drug to give and the intervals between doses, by watching the degree of the disease and the length of time its evolution takes place. For instance, if a malady takes only a few hours to produce its dynamic effect, the curative action of the medicines used must act then, and in the acute troubles we must hit quickly and often. Suppose a serious inflammation, such as a pleuropneumonia. If the age and the constitution of the patient permits of it, bleed; give active revulsion to the skin and to the intestinal canal as well; then give the defervescent alkaloids aconitine and veratrine, to lower the pulse and heat; next the ones that kill pain—morphine, cicutine; then support the nervous insufficiency with strychnine and quassin. If there is spasm give hyoscyamine, atropine—the valerianate of the last; finally use emetin, scillitin and digitalin to establish diuresis, expectoration and perspiration. There is also an important matter to be kept in mind in regard to the specific action of drugs in certain cases. A rheumatism of the eye may show as an ophthalmia and need salicylates, or it may be syphilitic and want iodides and mercury, etc. These drugs are best given in small doses frequently repeated in such cases.

In the pyrexias, intermittent fever, remittent and typhoid, it is important also to always have in mind the cause or the morbigenic agent. The germs or microbes were thought of far away in ancient times, when Democritus wrote of his doctrine of "monades" of health and monades of maladies. According to Linne, like all living bodies they have to be born, live and die. We do not find out much more of the microbes nowadays. Dr. Salisbury more than fifty years ago, in America, told of the existence of malarial microbes. Boehm describes the ones

found in cholera, and those of many other maladies, as we know, are constantly now being discovered.

These should be carefully distinguished from the physiologic microbes which form part of our natural organism. The others come from the air, earth, how we do not know; indeed we can hardly do more than show that they exist when found. Our duty is to destroy them when possible, and the alkaloids help us here. Quinine combined with strychnine in a few milligram doses will do this. But we must not confound the effect with the cause. If fever is produced, attack it with the following in intermittent and typhoid fever:

During the apyrexia, quinine (arsenate, hydroferrocyanate) three or four granules every half-hour or hour.

During the cold period, strychnine and phosphoric acid, a granule of each every quarter of an hour.

In the period of heat, aconitine, veratrine, one of each every quarter of an hour until the fever falls, or a little below it.

Then during the sweating periods give good beef juices, whisky or wine, and have the patient sponged with vinegar and water, and air and change the bed and room.

In typhoid, as the fever rises near the evening, increase the aconitine and veratrine, and not quinine, which is best used in the morning remission.

Aconitine, etc., in the afternoon and quinine in the morning, will do better than cold baths.

That is the dominant treatment; and as for the variant, it should meet the local symptoms. If headache, caffeine and its salts, arsenate or citrate. Agitation and delirium must be met by morphine or narceine; spasm by valerianate of atropine; convulsions by strychnine, as well

as all tremblings of muscular structure or others; and so on.

*Quassin.* Dyspeptic America should take more interest in this alkaloid. Its physiological effect is increase of appetite and a more complete digestion of aliments. Its diuretic effect is not so well known. This is, however, its secondary action. It will be found to double or triple the quantity of urine, especially if used with the Triad. It is also a fact that while it increases physiologic contractions it diminishes pathologic ones. It will expel liquid and even solid matters from the bladder, such as gravel. Another physiologic effect is the hypersecretion of saliva. This effect must be watched, and the dose is according to the effect wanted.

The indications for quassin are, dyspepsia, intestinal atony, liver diseases, calculus, neuralgia, chloro-anemia, arthritis and all rheumatic cases, who mostly have poor assimilation. The French doctors give three granules of quassin with two or three of arsenate of soda, twice a day, at the two largest meals.

Nice, France.

#### PRACTICAL HINTS FROM DAILY EXPERIENCE.\*

By W. C. ABBOTT, M. D.

##### AUTO-SUGGESTION.



I HAVE had several marked instances recently that forcibly illustrate the fact that many a so-called invalid is kept so, if not made so, largely by autosuggestion, while he who suggests to himself courage and encouragement instead of physical cowardice and discouragement, is just the re-

\* These notes will continue at intervals during the year as a "filler" to this department. I hope they will serve their purpose, and at the same time be interesting and instructive.

verse. We wonder how so-and-so endures what she does. This is largely the reason. While our "suggestion friends" go altogether too far, yet there is a great deal underlying all this hue and cry that is of real scientific importance. We are all largely what we suggest to ourselves that we are. The very suggestion puts us in a mental attitude toward ourselves that denies us the benefit of effort. While medicine is of exceeding value, in many instances, when properly applied, it is the means of holding the mind of the patient in a state of proper suggestion until nature under the new stimulus reestablishes a healthy equilibrium.

##### SMALL DOSES AND DOSE ENOUGH.

We have been harping on this line for so many years that at times we almost come to feel tired of the very thought in view of the little real importance that seems to be attributed to the small-dose idea. However, now and then we get a word of encouragement like the following which we are glad to see is going the rounds of some of the journals that are the most inclined to be progressive in therapeutic matters. The small dose idea is scattered among other suggestions of value under the heading of "Important Tips" all of which are quoted below:

1. The value of small doses of tincture of aconite frequently repeated in the treatment of amygdalitis and in the initial stage of febrile diseases.

2. The value of painting the chest and back with liquor iodi fortis—diluted, if necessary, with an equal quantity of the tincture—in all cases attended with cough.

3. The value of a pill of exsiccated ferrous sulphate in conjunction with the administration of purgatives in the treatment of anemia.

4. The value of grain-doses of grey powder with an equal quantity of Dover's

powder from three to six times a day in the treatment of syphilis.

5. The value of large doses of the iodides in the treatment of tertiary syphilis.

6. The value of large doses of bromide of potassium in the treatment of the "heats and flushes" and other symptoms from which women suffer about the time of the menopause.

7. The value of large doses of quinine in the treatment of supraorbital neuralgia, and in the periodical febrile disturbances from which old malarial patients suffer.

8. The value of 5 grn. of butyl-chloral hydrate with 1-200 grn. of gelsemin in neuralgia of the fifth nerve.

9. The value of small doses of a saturated solution of camphor in alcohol in the treatment of autumnal or choleraic diarrhea.

10. The value of small doses of perchloride of mercury in the treatment of infantile diarrhea when the stools are green, slimy, and offensive.

11. The value of sulphide of calcium in doses of 1-10 grn. in the treatment of boils, carbuncles, and abscesses.

12. The value of nitroglycerin and nitrite of amyl in the treatment of angina pectoris and allied conditions.

#### THE TRIPLE ARSENATES.

Since the introduction of the Triple Arsenates some months since I find myself prescribing them with increasing frequency, and I must say that I have never found a combination which so admirably filled the need of an all-around general tonic as this does. The dosage of strychnine ars., gr. 1-134; quinine ars., gr. 1-67; iron ars., gr. 1-67; combined in one granule is suitable singly or combined for any age or condition where general tonics are indicated. Strychnine arse-

nate takes up the slack and holds a proper tension of the vasomotors while the soluble arsenate of iron is assimilated to revivify the blood, and quinine arsenate as an antizymotic purifies all the circulating fluids. It is an admirable preparation and should be widely used by every doctor who is looking for the best that pharmacy affords. There are no salts of the alkaloids equal to the arsenates under these circumstances.

#### TO "THOMAS ATKINS."

Every now and then we receive a very impertinent note from somebody whose address, however, cannot be found in the directory, or the locality given in the letter. Such things usually go into the waste-basket, but once in a while one of these "smart Alecks" touches upon a point worthy of consideration. This time Tommy Atkins tries to be funny over our recommendation of Buckley's Uterine Tonic for a man. You all know the composition of Buckley's Uterine Tonic. The fact is that the editor prescribed it for a lady who had myalgic pains during the menstrual week. It did her good. Some time afterwards another lady came with similar myalgic pains, backache, etc., not occurring in the menstrual week. However, Buckley's Uterine Tonic did her good. Next came a man with similar myalgic pains; and believing that a remedy for myalgia in a woman would work as well with a man, the same combination was tried and worked well.

Now, the simple fact that Dr. Buckley put this combination together for use in uterine cases, does not go to show that it is of no use in any other; and we must express our conviction that the man who finds anything funny about this would doubtless enjoy a diet of thistles, and would need double reefs taken in his ears before he could be sold for a horse.



## DO A KINDNESS.

Do a kindness, do it well;  
 Angels will the story tell.  
 Do a kindness, tell it not;  
 Angel hands will mark the spot.  
 Do a kindness; though no story  
 It may grace, 'twill ring in glory.  
 Do a kindness; though 'tis small,  
 Angel voices sing it all.  
 Do a kindness; never mind!  
 What you lose the angels find.  
 Do a kindness, small or great;  
 'Twill come back in double weight.  
 Do a kindness, never fret;  
 No good deed has been lost yet.  
 Do a kindness, do it now;  
 Angels know it all, somehow.  
 Do a kindness any time;  
 Angels weave it into rhyme.  
 Kindly deeds and thoughts and words  
 Bless the world like songs of birds.

—[Sel.

IODIZED CALCIUM AS A PREVENTIVE OF  
CROUP.

From Paris, Texas, in connection with a eulogy as to the value of the CLINIC, comes the following: "Noting a paper in a recent CLINIC on the treatment of croup with iodized calcium will say that for about two years I have treated every case of laryngeal cough with this preparation along with aconitine, more often however perhaps using the compound granule known as the "Trinity" instead of the aconitine alone. With this precaution I have not had a case of membranous croup to develop in my practice for a long time." This is an excellent suggestion and one that I have had in mind to make to our readers for a long time but other things crowd in until the space is full and running over. This is along the line of preventive medicine and it is much more blessed to prevent than it is to cure after lesion has taken place. Let us not forget the al-

terative action of iodized calcium and that aconitine goes with it to remove congestion and that the "Trinity," which is aconitine with strychnine and digitalin added as a bracer, is usually indicated.

Along this same line comes a suggestion from Dr. Ford of California that he relieves cases of croup in a few minutes with iodized calcium. Of course these are not cases of true croup, but who knows where the line of demarcation comes? There is always danger, therefore the treatment is indicated. Dr. Stone of Memphis, Missouri, also bears evidence to the value of iodized calcium as both preventive and curative of croupous conditions, and so we leave the thought with you.

## VACCINATION PLASTERS.

I haven't space to say what I would like to say on this subject, but don't use them. Vaccination plasters and shields are an abomination. Use a simple corn plaster to facilitate the dressing of the patient and getting him off your hands. Instruct the patient to remove this in a day or two before swelling begins; and if it is possible to use no dressing during the working of the vaccination, you will get more typical results. The little ring or "blister" around the spot should be kept unbroken if possible and the field of operation be allowed to dry up as quick as it will. Otherwise infection, ulceration and sloughing follow. Don't use vaccination plasters no matter how elegant and beautiful in theory they may be. They are a delusion and a snare.

Prof. McFarland, whose book on bacteriology we noticed favorably a short time ago, has joined the scientific staff of Parke, Davis & Co. Our jaundiced contemporaries will now proceed to discern the trail of "commercialism," over everything emanating from his brain.

# Miscellaneous Articles

## INTESTINAL PARASITES CAUSING SPASMS.

At the November meeting, 1900, of the Southern Illinois Medical Association, the following case was reported by Dr. F., and as it may be of interest in two ways I will give the details to the readers of the CLINIC:

The doctor was called to a girl 10 years old who had a spasm, and was in the convulsion when he reached her bedside. He did not think at first of worms as the cause, but as she drew up the limbs in the spasm the cover was partially removed from her body and he noticed something protruding an inch or two from the anus. He took hold of this and pulled out a worm fifteen inches long. At once the spasm ceased. He instructed the mother in case the girl should have any more spasms to make examination, and if any more worms were found to remove them. The next day the girl had another spasm, another worm was found protruding as the first, and upon removal by the mother the girl at once came out of the spasm. A third was removed, when the girl had no more spasms.

As to the identification of the worms the writer can only offer a conjecture as they were not kept, but from the size and shape as described by Dr. F., I should say they were possibly *Echinorhynchus Gigas* or the spine-headed worm of the pig. This is not very often found as a

human parasite, but is occasionally, and the probability of this being found here is interesting. The writer remembers voiding two spine-headed worms when a boy, but no spasms accompanied the passing of them. They were six or eight inches long.

Now, with such a neurotic temperament as found in this girl, and a greater number of these parasites, or had they not been removed from the system, how long would it have been before she would have developed a case of genuine reflex epilepsy? This question almost answers itself.

G. H. FRENCH, M. A.,  
Curator of Museum, Physiology and  
Biology.  
Carbondale, Ill.

—:O:—

Professor French is investigating the subject of intestinal parasites, and we trust our readers will send him any specimens that they can secure.—Ed.

## INFLUENZA.

For several years past I have been living at such a distance from a family that I had attended for a long time, that they could not see they were justified in sending so far. A physician in the neighborhood has been called in three different

times, and as many times dismissed, the family believing that it was better to take the chances of swapping horses in mid-stream; but in the last instance I was invited in consultation. Briefly stated, the case is as follows:

The patient, a female, had been ailing for some weeks, being over-worked and subjected to depression of the nervous system, developed a well-marked case of influenza with a moderate temperature, a small but not very frequent pulse. After being confined to bed for a few days alarming symptoms developed, irregular attacks of syncope and profound depression with inability to take nourishment. At the time of the first consultation, 10 p. m., the patient suffered from persistent insomnia, the nurse reporting that she had slept but twenty minutes during the previous night and none during the day. Expectoration was not profuse but tenacious and blood-streaked, and taking into consideration the well-marked dullness of the right apex, with bronchiectasis on the left side, I regarded the patient as in a critical condition. I was willing to continue the mixture containing strophanthus tincture and ammonium carbonate, but strongly insisted that sleep must be induced, and that by measures which should result in the least disturbance of the general system. Codeine sulphate was recommended as being an ideal remedy, and besides, it would relieve the cough. Two tablets, each containing one-tenth grain, were given hourly for three doses, so that at the end of two hours the patient had taken three-fifths grain of the salt.

As a result of treatment the patient slept five hours and looked much more comfortable in the morning, although the physical signs had not perceptibly changed. Blood-streaked expectoration

continued, the sputum being of a yellowish-green color and extremely tenacious.

At our morning consultation, which followed immediately after the examination, my colleague seemed perfectly satisfied that the treatment carried out the previous night might be continued with beneficial results, and in addition to this he volunteered the remark that he had never regarded the condition of the patient as serious. I have neglected to mention before that a part of the treatment consisted in the administration of whisky every two hours, together with beef-essence (?), as much as the patient could take; and I want to add now that the morning pulse was distinctly dicrotic.

And just here is the place to introduce several professional pointers, to the end that we may be better able to contrast the old with the new. Twelve or fifteen years ago this treatment would have been considered entirely satisfactory, and an expectant plan of like character was generally carried out; but since the advent of influenza with its special depressing effects, it cannot be considered good treatment at the present day. Even as far back as ten years ago the physician only slightly acquainted with alkaloidal therapy would not have regarded the plan with favor, because he would have known from often repeated clinical experience that far better results could be obtained from the administration of the active principles; hence, consultation between physicians of the conservative type and their more alert brethren who might be classed as the aggressive school were not conducive to friendly relations, and even in some sections they have been regarded with disfavor, the conservative fellows being willing to let it get out that alkalometry was but little more than a modified homeopathy.

My objections were stated substantially

as follows: The strophanthus, even if it is a reliable tincture, is of value only from the time one dose is given until the next, and if the interval is too long you have attacks of syncope. The same is true as to whisky and ammonium carbonate, both of which have long been regarded as efficient diffusible stimulants. The fact is that none of these three remedies is of distinct advantage to a patient in a typhoid condition, because the patient is no better off at the end of twenty-four hours than when treatment was begun. Of course, I said, if you have a patient with a good physique, one that is suffering simply from the effects of an acute illness, then you may use diffusible stimulants with some expectation that you can pull your patient through, but in such a case as the one we have to deal with, never. Again, I said, the giving of the so-called beef-essence is but a delusion and a snare. The instructions for making this preparation were to cut the meat into small pieces, let it stand in cold water for a time, then put on the fire and boil for about five hours. Bartholow has repeatedly denounced the fallacy involved in this treatment, claiming that the product thus obtained was of precisely the same chemical composition as urine, and whatever benefit was apparent from its administration resulted from its stimulant effects.

Continuing, I set forth that the condition of the patient demanded what might be termed a "tonic stimulant," that is, a stimulant which would be of permanent advantage to the nervous system, to the muscular system and to the digestive apparatus. We need something which will show appreciable improvement in the patient from hour to hour, something which will overcome the profound depression, that will prevent the dicotism now plainly manifest; in short, we must have some-

thing to take up the slack, or the patient will shortly be in a condition that nature will not respond to our solicitations. Fortunately, we have the complete remedy in strychnine arsenate, and if given in proper dosage its beneficial effects can be seen within half an hour. As to the carbonate of ammonia for the pulmonary complication, I think we can improve on that also. In my opinion the value of this remedy has been greatly overrated, and in this particular instance its chief value would be its influence in promoting the oxygen-carrying capacity of the blood because of its alkalinity. But, on the other hand, it increases the fluidity of the blood; hence, with the conjoint administration of any stimulant to the motor ganglia of the cardiac apparatus, all diffusible stimulants of this class would be objectionable. I would suggest a remedy which possesses the property of lessening the tendency to the formation of mucus, and when taken in time, arrests the formation of pus, namely, calcium sulphide. As to codeine, I do not think it policy to give it during the morning hours, and besides there is no apparent demand for it. Later in the day it will be useful, since it will allay cough and promote sleep at the time when sleep is desired. My idea is to keep the patient awake during the day and free from the influence of anodynes and narcotics as far as possible so that she may be able to take and appropriate nourishment.

To this plan my colleague rather reluctantly assented, but with the understanding that he should exercise his discretion on the following morning and the directions given were as follows: The patient was to have every two hours for four doses, one-fifteenth grain of strychnine arsenate with a tablet containing one-fifth grain of calcium sulphide, and late in the afternoon, one-fifth grain of

codeine sulphate every hour for three doses.

However, the instructions were either garbled or not understood by the nurse, as the patient received but three doses of the arsenate and two doses of the calcium during the day, and the first dose of the codeine was administered at 9:30, the last dose about three in the morning.

After our consultation on Saturday morning I realized that the entire responsibility rested upon my shoulders, and having serious doubts of the treatment being carried out, I concluded to remain and see the patient again on Sunday morning. The attending physician called in the afternoon of Saturday, finding that the patient was improving at a rapid rate, and of course the members of the family expressed their gratification, much to his chagrin. As a result of his cogitations, the attendant called again in the evening and announced that either he or the consultant they had employed must withdraw, as he did not propose to be dictated to by any doctor. In the present instance he was simply carrying out instructions, and he would not continue playing second fiddle. Unfortunately, the patient was taken into his confidence and spent a restless night, but there was no syncope and no symptom of collapse as had been the case under strophanthus treatment. The three doses of strychnine arsenate—I call them the walking pills—had been sufficient to tone up the cardiac muscle and put new life into the cerebro-spinal axis, and the blood-streaked expectoration had subsided within a few hours after the first dose of the calcium had been taken.

On Sunday morning the patient came under my exclusive control, and although greatly debilitated there was no cause for an unfavorable prognosis, provided sufficient nourishment could be taken,

but the tongue was coated, and there was no relish for food of any kind. Of course I could continue the arsenate, but it seemed to me that something else was required to promote rapid recovery; something was specially demanded to restore the metabolic functions, to promote tissue-change, to favor the elimination of waste products and create a feeling of well-being. That remedy I found in nuclein, which you have so aptly designated "the active principle of life." During the day the patient had five doses at two-hour intervals of strychnine arsenate, one-fifteenth grain, together with two minims of the standard solution of nuclein, or about ten drops of the medicinal solution, the last dose being taken at 5 in the afternoon, so that the stimulating action of the remedies would not interfere with sleep. As a precaution, however, the usual dose of codeine sulphate, one-fifth grain, was given at 6 and 8 o'clock in the evening.

During the day the patient appeared to be improving from hour to hour; she had a good night and was bright and cheerful Monday morning. The same treatment was continued, except that codeine was discarded and the five doses of the other two remedies were given at intervals of three hours, beginning at 6 in the morning. Next visit was arranged for Wednesday, when patient was still improving and getting pretty hungry; said she wanted beefsteak and hot slaw.

Just here I would like to introduce a valuable clinical observation with reference to the demands of the stomach as a true indication of the wants of the system. There is a popular notion that the stomach is a good doctor. This is true in a measure, but cannot always be depended upon, as for example, when a person is under the influence of narcotics. Again, the stomach may demand something



which only temporarily supplies the wants of the system, as was the case here; hence the important function performed by the physician who attempts to interpret these symptoms, that is to translate these apparent wants. For example, a person becomes thirsty, not because the stomach demands water but because the tissues require fluids. Exceptions must be made in this respect, of the demand of the stomach at meal-time and of the intestine about three hours after eating, when the normal demand for hydration occurs. And here it will be asked how a person suffering from thirst can be satisfied by teaspoonful doses of water. Relief in these instances is afforded through the mechanism of the nervous system. So small a quantity of water as a teaspoonful, on entering the stomach, produces an effect upon the nervous system, and in imagination we can understand how notice of the event is sent to the most remote tissues of the body.

In this case, the demand for beefsteak was taken literally and an extended dietary ordered, but since eating hot slaw is not likely to increase muscular or digestive capacity, this particular demand required interpretation. Possibly pepsin and an acid would have been sufficient to meet the demand, but I felt that this would be rather a superficial investigation, so I casually made inquiry if she had any complaint to make. An affirmative reply was received, the patient saying that she had a dull, uncomfortable sensation in the small of the back. The picture is too plain to escape the notice of the alert physician after he has once observed it. It describes a bone-pain, and is almost always present in anemia; when patients are "run down," they complain of this peculiar pain in the back. In the present instance it was brought about through the debilitated condition pre-

ceding the attack of influenza. There was lack of bone-making material in the system. I find the acid phosphate the most effective medicinal remedy, to which is added a liberal diet. Under this treatment the abnormal demands for acids will cease.

My final visit was made to this patient on Saturday, when I found her sitting up in bed, waiting patiently until she received authority to dress; she had a good appetite and she mentioned particularly that she had slept better the previous night than she had for many weeks.

Such is an isolated illustration of the effects of medication by active principles, and it harmonizes with my experience for years past. To the end that a better knowledge of their merits may be brought to the attention of the individual members of the profession, it is my intention to devote a considerable portion of my time in the next few years.

JOHN AULDE, M. D.,

Kennett Square, Pa.

### INFLUENZA.

I don't use aconite nor gelsemium; I don't use anything in the form of tinctures that I can get in alkaloidal form. The only exception is a tincture of Mayweed, *Anthemis Cotula*, that I made from the fresh herb last summer. It is the first thing I use in *La Grippe*, a teaspoonful in hot water, with a pellet of veratrine. After two doses of this I give aconitine cryst., gr. 1-500 every two hours, and one of strychnine arsenate every hour, and the third day my patient is around the house.

By the way, do you know what a grand remedy you have in the Atropine Comp. No. 236? For knocking out a cold that is coming it is unequalled. I give a granule every half-hour for two hours,

then every hour for three hours, and then every two hours till the cold is gone; then three a day for two days to bolt the door against the intruder.

The Mayweed I use is *Anthemis Cotula*, also called *Maruta Cotula*. The German chamomile is quite another affair. I once sent to a Dorchester druggist for *Anthemis Cotula*, and he sent me German chamomile. I took it back and expostulated with him, and he excused himself by saying that he thought I wanted chamomile. I told him that I generally knew what I wanted. He had never heard of Mayweed and the field back of his shop was white with it in spots.

You know *Echinacea Angustifolia* of course.\* I went to a wholesale house for some fluid extract one day, and after getting a four-ounce bottle put up, I asked him whose make it was. He said he made it himself. I asked where he got his herb, and he replied that a Needham doctor coming to Boston saw it alongside the road and told him of it, and he went and gathered the whole of it and made it up into fluid extract. This awakened my suspicion, and I took out the cork and tasted it, and at once told him that it was not *Echinacea Angustifolia*, and I would give him a thousand dollars an ounce for all he would find growing in New England. But he was sure of it. I asked him to taste it, which he did. Then I asked him if he had any of Merrell's, and he produced some of Merrell's. At my invitation he touched his tongue to it, and it took him half an hour to get the taste out of his mouth. If you don't know the taste of it I will tell you that it has exactly the twang of aconite. Well, he will know the taste of *Echinacea Angustifolia* after this. Then he said, "Well, it is the real purple corn-flower." I then reminded him that purple corn-flower hereabouts is *Rude-*

*bakia*, and has no medicinal quality whatever that I ever heard of. But he kept on selling it for *Echinacea* all the same, so far as I know, and I don't know how much disrepute has been brought on the valuable *Echinacea* by the operation.

Do you wonder that I distrust druggists as a general thing? And this house is the largest botanical drug warehouse in the city. Well, let's be happy.

J. R. PHELPS, M. D.,

Roxbury, Mass.

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### ALCOHOL.

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You ask me for a little account of cases in which I have found alcohol advisable. I can do it in a nutshell. I think all fever cases demand an antipyretic, and have not found anything equal to acetanilid, dissolved in alcohol in dilute solution. Sometimes I add digitalis and *spts. niter dulcis*, in doses to suit the cases. If I find excessive diaphoresis I restrain it with belladonna. As soon as I get the slightest perspiration I administer calomel, rhubarb and colocynth every three to five hours till bowels move. Sometimes I use quinine but not often. A typhoid case will get well quicker without it.

The above is an outline of treatment for the majority of fever cases I am called to treat, and they generally get well so quick their friends do not think they have been very sick. I use more alcohol in practice every year, and do not think I encourage intemperance. If a biped is so weak that he cannot resist the temptation of intoxicants he needs the "Keeley Cure" and a new back-bone.

I was never drunk in my life, but always indulged if I felt like it, and generally keep some in my house; and

could give one instance when one drink was worth \$100 to me.

J. D. TRAMMELL, M. D.,

Bay Minette, Ala.

—:o:—

You must not think that we editors are temperance cranks. By no means. We simply believe that other agents are better than alcohol, but like yourself I take a drink when I feel like it; that I rarely feel like it is neither here nor there. And I would use alcohol in any case in which I felt it was needed, but I have become so accustomed to using the Dosimetric Triad and Defervescent in febrile cases that I would not think your formula necessary. The latter are safer than acetanilid. I have in aconitine and veratrine much safer and more manageable remedies to subdue fever and relaxation. In digitalin I have a safe and uniform agent, and will never forget the patient I killed once with a dose of tincture of digitalis which happened to be over rich in digitonin. Alcohol is too uncertain a sustainer for me. I keep up the heart and respiration with strychnine, with a certainty which I do not get from alcohol. The latter relaxes arterial tension and determines the blood to the skin, but not so well as aconitine and veratrine. Besides all this, the little granule is so much pleasanter to take than the mixture (for no art will make sweet spirits of niter pleasant.) Besides its being uncertain in its alkaloidal strength and effect, the latter ranging from the powerful heart and arterial tensor to the no less powerful heart and arterial depressor, the tannin in tincture of digitalis and other ingredients render absorption difficult, while in large doses the stomach is irritated by it. I get quick absorption without irritation by substituting digitalin.

Your cathartic combination is an ex-

cellent one, and I have no criticism to make of it. In using calomel first and following it with Saline Laxative, I simply follow an ancient custom which still clings to the practice of the great majority of physicians, and I do not like to upset old customs unless there is a distinct reason for it.—ED.

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### INFLUENZA.

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In the prophylactic treatment of many diseases, and especially those which primarily affect the nasal and respiratory membranes, I have given much thought and considerable experimental practice.

The etiology of *La Grippe* or influenza certainly lies in the surrounding atmosphere, which holds within its "æther" a germ of infection, which germ invests itself in the mucosa of the respiratory tract, and from this investment as a nucleus populates and contaminates the system at large.

It is evident that every living organism must of necessity feed and defecate. It therefore becomes reasonable to suppose that the ptomains of disease-producing germs act as toxins within the system.

There is always a stage of incubation to every disease attended with fever. This should be regarded by the practitioner as the "abortive period."

These particular disease-germs of *La Grippe* or influenza, being of vegetable origin, do not depend upon the laws of sex to multiply and populate. One simply divides into two, and these two into four, and these four into eight, and so on indefinitely, until germicides or the leucocytes of the blood kill and destroy them.

In the first two weeks of January, 1901, it was estimated that twenty millions of people throughout Europe and America were affected with *La Grippe*

and its attendant symptoms. The epidemic resembled that of 1889-90. It is evident that during both epidemics the weather has caused the disease—a damp, muggy, heavy atmosphere, too warm for winter clothing and too cold for summer dress, regular London weather, damp, moist streets and a very unseasonable temperature with great humidity. Crisp, cold weather or snow kills the disease-producing germ. But strange as it may appear, the *grippe* of 1901 is much more mild than that of 1889-90; due perhaps to the same theory that inoculation by vaccination modifies the disease in smallpox.

Preventive therapy is gaining the attention of medical men to a much more marked degree than heretofore, Alkalometry perhaps being the incentive therapy. Since the *grippe* became prevalent I have given to every patient in connection with their needed treatment a prophylactic, the formula of which follows. I have watched with much interest the surprising results. So far I have not been able to report one case of *grippe* or any of its attendant symptoms among those who have used it.

One case, a blacksmith to whom I gave the treatment, was left the sole survivor of the shop, without a symptom of the disease, while his five brother workmen were in the bed with *La Grippe*.

One steel-worker did not contract the disease, while his companion workmen to a man were afflicted.

I gave it to several women, all of whom felt better and praised the treatment as a headache cure, which was due to its therapeutic effect on their catarrhs. They all escaped the *grippe*. Now for the prophylactic:

Gum camphor and chloral hydrate, of each one-half ounce, and alcohol (95 per cent), one ounce. Mix. Direct: Apply

to nasal ducts and buccals with camel's hair brush twice a day.

Sulphuric acid one-half ounce, tr. ferric chloride one dram, water to make eight ounces. Mix. Direct: Teaspoonful in a tumbler of cold water after meals and at bedtime.

N. B. The above will give you a sulphate of iron mixture with chlorine gas set free, but the oxygen from the  $H_2SO_4$  remains with the oxygen of the water, producing ozonic properties. Don't be afraid to prescribe this. It won't kill. I frequently give the above for malaria, etc., in double the dose. The only care should be in prescribing sufficient water to overcome all escharotic properties.

The above is prophylactic only. When I am called upon to prescribe for the disease in its exacerbation, and all the hellish symptoms with aches and pains prevalent, I go at it with sledge-hammer remedies:

Calomel gr. two, soda bicarb. gr. six; divided in six powders. Direct: One every hour, succeeded by liquor magnesia citrate twelve ounces; and aspirin  $1\frac{1}{2}$  drams; phenaglen, 1 dram; divided in six powders, in oiled paper. Direct: One powder every three or four hours.

Aspirin is an aceto-salicylate, without any of the deleterious effects attributed to most other salicylates, no stomach-disturbance, no heart-depression. It is administered in doses from five to twenty grains, and is a specific for acute, sub-acute and inflammatory rheumatism, neuralgia, gripal fevers, etc.

Phenaglen is an ammoniacal tar derivative, and nothing I have ever tried equals it in allaying *grippe*, rheumatic and gouty pains. Dose, five to fifteen grains.

Aconitine for fever gives better and quicker results in *La Grippe* when administered along with calomel and soda.

Then there are pulmonary and other localized symptoms which need and require specific treatment as the symptoms occur. Flush the bowels daily with Saline Laxative and don't neglect the sewer of the body.

After your *grippe* patient convalesces, a pulmonary and thoracic trouble with slight bronchial cough will remain, which will need treatment, sometimes long after the patient has returned to his daily duties and feels quite well otherwise. Now, don't neglect this condition, for the slightest cold will subject your patient to pneumonia, and from that he will run into typhoid symptoms. The tightness on the chest should be relieved by three to five-grain doses of ammonia carbonate as often as necessary, well diluted with water or incorporated with other pulmonary remedies.

J. C. DENSTEN, M. D.

Scranton, Penna.

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There are several useful hints in this letter, and one of them is the suggestion of Aspirin. But we must call attention to one notable observation we have made: When a doctor becomes fully imbued with the importance of keeping the bowels clear and aseptic, he no longer leans his whole weight on calomel, but he holds it as simply one among many means to secure these ends. Clean bowels, heart-tonics and Dosimetric remedies for symptoms presenting, render *La Grippe* a malady shorn of its discomforts and dangers.—Ed.

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#### FLORIDA DOSING.

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If you will pardon me I will relate to you something of my experience during a residence of some twenty-five years in Florida, not however for publication, as I am only a scholar, but because you ex-

press so earnest a desire to know more about the conditions prevailing here as to usual dosage in certain diseases. Having been a member of the Florida Methodist itineracy formerly, for about twelve years, and therefore enjoyed a more or less extensive residence in different sections of the state, with a family of children, I am sure I can say some things that may help you to draw a more definite conclusion, especially because I have lived in some of the most unhealthy localities in the state.

First, however, I feel that I must express my appreciation of alkaloidal medication, which has been the direct means of saving the lives of different members of my family more than once, and which at last brought me to the point where the study of medicine has become one of absorbing interest, and stands next to my faith in God, the maker and preserver of us all. Dr. Cuzner's letter in the CLINIC of this present month gives me confidence in his ability, and if I should get sick I would not hesitate a moment to call for him, even if he was opposed to the use of the alkaloids—provided of course I could not get a doctor who was familiar with their use, as well as with the climatic conditions prevailing here.

The cases reported by him correspond with many I have had cognizance of, and show the necessity of immediate action, or prompt administration of potent remedies. One peculiar characteristic of these attacks is the persistent constipation or paralyzed condition of the bowels, which refuse to respond to the most active treatment or administration of most active cathartics. Many times in my own family, after having given ten to fifteen grains of calomel together with other cathartics, I have been compelled to use the syringe to start or force an action.

And right here in my opinion is where



our brethren from further north make the blunder. The bowels must be relieved, and I never wait longer than seven hours after giving the first dose of calomel, which I generally repeat every two or three hours and in bad cases alternate with other cathartics. I have, by continuing the calomel treatment every three hours in broken doses of one to three grains, often brought my children through a bad case of these fevers, using nothing but quinine sulphate and hog's lard in addition, which I rub in thoroughly over the entire surface of the body.

Many times however the fever continues without abating from three to four and sometimes five days, and in several instances had it not been for the timely use of the alkaloids death most certainly would have resulted. The peculiar adhesive, tar-like fecal matter mentioned by Dr. Cuzner is a characteristic feature of these fevers, and the tongue will not clear or the fever abate until it is changed and a clear yellow fluid obtained. I have often given my children as many as twenty broken doses of calomel before this occurs. When once obtained however our anxiety usually abates.

If you could get an expression from B. F. Lisk, M. D., of Connor, Florida, he could give you all the light you desire. I wish to say in conclusion that I am deeply interested in the success of alkaloidal medication. I consider it already the leading practice of the age. I may be called an enthusiast, but I don't mind being cranky along the line of positive facts, whether it be medicine, religion or politics.

A. V. HISCOCK.

Spring Grove, Fla.

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We rarely give lay members the privilege of our columns, but surely our present correspondent deserves it. If not a physician, he ought to be one.—Ed.

### CROUP.

My experience with the dark iodide of lime: Called in the evening to see a little girl four months old with croup. Found the child with brassy, rasping cough, labored breathing, eyes protruding. Got there within one hour after she gave her first cough. I began with the dark iodide five grains to three ounces of water, one teaspoonful every ten minutes. After running it on her for a while she got easier, but would wake up with paroxysmal attacks of coughing and catching her breath. The iodide was continued all the night and until 3 p. m., the next day. Upon my afternoon visit I found the child partly cyanosed and gave it 500 units Antitoxin, from which time it began to make a rapid recovery. The next day and the next I gave one-half grain of calomel. This must have been a case of diphtheritic croup. It was not the effect of the iodide, for the breathing was just as labored as at the first visit I made; and she would evidently have died that night had she not obtained relief.

There are cases in which the dark iodide works wonders. I have families who keep it in the house for croup-medicine, and it does the work. I did not write this for publication but just to let you hear from me, as I have seen so much upon the dark iodide for croup lately.

CARRIE L. HEALD, M. D.

Osceola, Neb.

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Many thanks for your report. I think in that case I would have increased the dose, but you certainly did well. It must have been true diphtheria as you say, or else why did Antitoxin work so well? In that case calcium sulphide would have been indicated. But in either event, the larynx of a babe so young is that small that I would hardly expect to save it without operation.—Ed.

## FATAL POISON BY BUTTER-COLOR.

On Saturday, January 19, 1901, a child was, by mistake, given two or three teaspoonfuls of Wells & Richardson Co.'s butter-coloring. Four hours later the child showed symptoms of slight collapse, weak and rapid pulse, incessant vomiting for twenty-four hours. Two ounces of Child's Laxative failed to move the bowels. This was followed by twenty-four hours restlessness and moaning, and on the morning of January 21st the child died. The temperature noted was 101, falling to 98 before death, pulse and respiration rapid, no action of bowels. The treatment was symptomatic and recovery was expected.

Saunemin, Ill. C. F. Ross, M. D.

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A sample of the butter color was forwarded for examination. The composition as stated on the label is "olive-flavored cotton-seed oil, annatto seed, and amido azo compound." The manufacturers inform us that they import the base of this compound from Germany, and have the German manufacturer's affidavit that it is free from poisonous constituents as demanded by the German food laws. Physiologic tests made here and in Germany show that no ill-effects followed the ingestion of quantities in excess of what is used to color butter. The color is very concentrated, and in the doses taken would prove corrosive. A like effect would follow if annatto cheese color were taken, which contains caustic soda. A teaspoonful of vanilla extract, undiluted, would do harm. Prof. R. A. Witthaus took daily enough to color two and two-thirds pounds of butter, for sixty days, and pronounced the color entirely harmless. Prof. Leffmann also examined it and pronounced it harmless.

There is so much misapprehension in regard to what constitutes a poison that we are glad to use this case as a text. Lead, arsenic, mercury and gold are poisonous in any dose, and even when taken in small quantities for prolonged periods. But many of the most ordinary substances used as foods would be corrosive if taken in large doses, in concentrated form. Sugar is not deemed toxic; but what would happen if one were to swallow a good-sized lump, the stomach being empty? Put a piece of candy in your cheek and keep it there until dissolved, and you can peel the blistered epithelium off in a sheet—killed as surely as by a fly-blister. Swallow an ounce of dry salt, and your undertaker will have a job. Lemonade is harmless enough, but take the citric acid from one lemon and swallow it in a lump, undissolved, and you'll know what gastritis is. The writer took a concentrated solution once, about a teaspoonful in a glass of water, and had diarrhea for months in consequence, the symptoms closely resembling those of oxalic acid poisoning.

The child died of acute gastritis. There is nothing in the case to show that the butter color was in any way injurious when used as intended, whether taken in large doses diluted, or in small doses continuously. The only suggestion to be made concerning it is that the label should convey a warning of its corrosive quality, when undiluted, just as concentrated lye and similar caustics should be labeled. Perhaps this is done—we have not seen a package.

Since writing the above we have secured a label and find that the caution is printed thereon as suggested. This fairly exonerates the manufacturers; and the case stands as an illustration of their printed warning: "Keep it out of the reach of children."—ED.

## DIPHThERITIC CROUP.

I was called November 3, 1900, to a girl seven years of age, suffering from diphtheritic croup. I ordered aconitine for fever, cold compresses around the throat, iron internally, as a throat-spray hydrogen peroxide, and calcium sulphide gr. 1-6 every half-hour. Next day, temperature reduced, membrane in throat much less, dyspnea increased. Doubled the calcium sulphide, evening no better; continued medicine.

Nov. 5, temp. 100.5, throat quite clear, much increased in dyspnea. I therefore prescribed corrosive sublimate gr. 1-24 every hour and continued peroxide spray, also aconitine.

Next day found her much improved; continued mercury.

Nov. 6, dyspnea much improved, temp. 99.

Nov. 7, salivation free, dyspnea gone; stopped mercury and ordered potassium iodide.

Nov. 8, temp. normal, croup well; continued iodide for a day.

Nov. 10, called in haste, child having gone into street that morning against my orders, got a relapse of the croup and was in very bad condition. Ordered cold compresses around throat and sublimate as before.

Nov. 11, no better; same medicine.

Nov. 12, no better, ordered mercury every fifteen minutes for eight doses, then every hour.

Nov. 13, slight improvement; mercury as the day before.

Nov. 14, much improved, salivating very freely, slight diarrhea but no blood or griping; medicine every hour.

Nov. 15, found her well and sitting up in bed, fever gone; half-doses of medicine every hour.

Nov. 16, found her out of danger;

stopped mercury and ordered apomorphine gr. 1-67, forty-eight granules in three ounces of water, a teaspoonful every two hours; and as a tonic strychnine arsenate forty-eight granules, iron arsenate gr. 1-6 granules twenty-four, water three ounces, a teaspoonful four times a day.

Nov. 18, found her well except a slight paralysis of throat. I kept her on iron and strychnine arsenates for two weeks, when she called at my office restored to perfect health.

I wish to remark that it is not the first time I cured by large doses of mercury, and also that the above patient had only a slight diarrhea without blood or griping. In others I have found it more marked. If mercury is given with iron you will not be so successful, because iron retards salivation, which is the main point for a cure. The sooner you salivate the quicker the cure, therefore always give the mercury without iron so as to salivate as quickly as possible, as it is absolutely necessary to salivate to cure your patient. Do not be afraid to give heroic doses in croup, because it requires large doses to cure, and if you once try it in diphtheritic croup you will have the same results as I have.

It is also good in non-diphtheritic croup, but in that disease I have found calcium iodized very good, having cured four cases with it, giving one tablet gr. 1-3 every fifteen minutes until relieved and then less often.

In spasmodic croup I have found apomorphine a specific in small and often-repeated doses. As no doubt some of my brethren will think my treatment very heroic, I desire to mention the name of Dr. A. Bieser, of New York City, who has given mercury in gr. 1-16 doses every hour, and has cured his patient.

Jersey City, N. J. DR. RADUE.

Many will agree with Dr. Radue and many more will dissent. I do not personally take much stock in the necessity or effectiveness of salivation for either diphtheritic or non-diphtheritic pseudo-membranous croup. Isolated cases recover under many forms of treatment, and calomel fails lamentably. And when it does, when the miserable salivation is added to the diphtheria!—Ed.

### LARYNGITIS.

In proof of the powerfully abortive effect of the alkaloids on acute disease of the respiratory tract, I wish to cite the following example: On the 2nd inst., I made a journey to a neighboring city. The weather was very inclement, rain and snow were falling and the wind had a chilling, penetrating effect, that drove one's blood internally and left the surface pinched and bloodless. Now, as I am subject to disease of the nose and throat, this damming back of the blood on the internal organs produced symptoms of catarrhal laryngitis, namely a dry stuffy sensation, constant clearing of the throat, pain and soreness in the larynx.

Now, I am too great a sufferer from this affection not to understand these symptoms, so in order if possible to abort the impending attack and thus save myself days of suffering, I concluded to try the alkaloids. I first took a granule of emetin gr. 1-67; in about fifteen minutes I took an aconitine gr. 1-134; waited fifteen minutes and took another emetin and calomel gr. 1-6.

In a very few minutes after taking the first dose, it seemed to me that I could feel a change for the better. My throat was not so dry and I did not have so much desire to clear my throat. This improvement continued, and by the time

I had taken the last dose mentioned above the soreness and pain had almost disappeared, and secretion was tolerably free. On the succeeding morning the symptoms had entirely vanished except a slight stiffness about the larynx.

Now I am just certain, from the symptoms and from past experience, that had I not commenced taking the emetin and aconitine when I did I would have had an attack of laryngitis.

Some may object that the amount of medicine I have stated above as having been taken is too small to have been of any benefit. To this objection I would reply, that it is to be borne in mind that as I stated, the disease was in its very incipency, and there is abundant evidence that goes to show that it is far easier to abort than to cure disease after it has gotten a firm hold upon the human economy. But, whatever objections may be brought, I shall continue firm in my belief that in my case the disease was aborted.

C. E. TUCKER, M. D.

Joppa, Ill.

### AN OREGON IDYL.

As you have been accused of conducting a Methodist experience class-meeting, I rise to remark that I am no Methodist, nor a believer in anything miraculous unless it relates to the sensible administration of medicine to the afflicted. I was educated in and graduated from the old school twenty-three years since, and plodded along in their old beaten rut up to two years ago, although from time to time an alkaloidal publication found its way to my desk; but so hard was the shell that I very ungratefully hustled them off into the waste-paper basket. But some unknown force would keep sending me a journal now and then.

Well, one day a CLINIC came. I was not very busy—and—and—I read it, and—I read it a second and a third time; and I said to the old doctor, we'll try some of those alkaloids.

So I obtained a few and started, very tenderly, to try them on a few cases, not intimating to the sufferer that I was trying an uncertain remedy on their poor trusting carcasses. But judge of my surprise when success crowned my efforts in nearly every instance! And yet so timid was I that I always stayed by my subjects and watched every symptom.

I don't do that now.

Well, the upshot of the whole affair is, I subscribed for the CLINIC, got the little premium case, filled by their selection, selected more and more, until now I have a pretty fair assortment and think I can cope with almost any ailment to which flesh is heir.

May 27, 1900, I received a 'phone to go seventy-five miles into the country. I gathered my alkaloids together and in half an hour was on the hurricane deck of a western broncho making tracks due south. Reached Canyon City, 35 miles, at 9 p. m., there took a team and driver and set out to cross the western spur of the Blue Mountains. The night was dark and I a stranger in those parts, consequently driver, doctor and team became lost for three long hours. But at last we struck the track only to be overtaken by the hardest snow-storm I ever faced. We arrived at our destination at 5 a. m.

Found an old feeble lady, 64, one week sick with pneumonia, right lung almost entirely consolidated, temp. 107, cyanotic and delirious. Found another M. D. there, had been there three days, had told the friends to get ready for a funeral. He was asleep; friends told me he was drunk, and they were mad. I had him called out and elicited what treatment he had been

following. It was the old regulation treatment and seemingly of no avail. He was mad because the family had sent for me without consulting him, and I did not blame him much, and he would not and did not stay to see it out.

Well, by this time the old lady was in collapse, could not swallow. I tried glonoin on tongue, not secretion enough to dissolve. My hypo was the only hope, so I put in two gr. 1-250, and waited two minutes, two more; in five minutes two more and one strychnine arsenate gr. 1-134; in five minutes the same—reviving—kept this up for just two hours and a half, at the end of which time I had the satisfaction of seeing the old lady entirely revived. I stayed with her seven days, at the end of which time she was on the high road to recovery. Mind you, I used in the after-treatment the alkaloidal throughout.

During my stay there and in the same family two others were stricken, but each with a different malady. A male, 30, was feeling bad for three or four days, had a severe chill followed by high fever, 105 degrees. Started in on him with calomel and soda one grain each every hour, also Defervescent Comp. No. 1, one granule every fifteen minutes until effect. It took just seventeen hours to phase him, but when he did come you ought to have seen the results. Followed with Saline Laxative and Dosimetric Triad, No. 1, as required, and in five days he was able to go to the polls and vote for republicanism and expansion.

At the same time and place a sister-in-law of this man received a slight abrasion in the palm of the right hand. Simple-looking and simple it was; but on arising one morning she told me it had pained her considerably in the night. It seemed a little inflamed and tender to the touch. I told her to wash it with



hot water and Castile soap, and applied a hot milk and bread poultice. In half an hour the pain was running up her arm nearly to the shoulder. On removing the dressing I discovered an angry red line starting from the wound and running up to half way between elbow and shoulder. The way I applied tincture of iodine along the course of that little streak was a caution—made it black—poured in calomel, calcium sulphide and Saline Laxative ad infinitum. Results: Stopped it right there. I always make it a point to give enough.

I would write ye editors for information on several cases that come under my care, but the facts remain that I don't have time until the patient is well or dead, and then I don't need it. Neither am I afraid of being criticised by some knowing fellow for asking silly questions, as I am painfully aware of the fact that I don't know it all, and I have the satisfaction of knowing that I am in good company, as we are none of us too old to learn lots of foolish things.

Z. T. DODSON, M. D.

Lone Rock, Oregon.

—:o:—

Where is the MacLaren to depict the life of these men who ride 75 miles over our mountains to attend patients? The elements of the idyl are there, awaiting the poet.—Ed.

### PLEURO-PNEUMONIA.

February 4, saw a man, 81, acute orchitis from catheter used on account of enlarged prostate. Feb. 7, tight, jerky, hacking cough annoyed him especially when talking. On 8th, cough occasioned pain, as he held his hand against his side while coughing; no sputa raised. Found pneumonia, lower right lung, rough pleuritic sounds, temp. 102.5. I

put him on digitalin, strychnine arsenate, hyoscyamine and codeine, one of each every half-hour till four were taken, then every hour till twelve were taken. After giving six the codeine was stopped. At 7 p. m. temp. 101. After an interval of six hours the pellets were renewed for twelve hours.

Feb. 9, temp. 8 a. m. 101.5; 1 p. m. 100; 7 p. m. 100. The attack at this date had been checked and crepitation was now fully heard.

Feb. 10, temp. 8 a. m. 101.5; 7 p. m. 100; at noon commenced with calomel gr. 1-6, one every hour till six were taken, followed with Saline Laxative, which cleared up his tongue, which was as white as cotton. Sputa raised freely.

Feb. 11, temp. 8 a. m. 99; 7 p. m. 98.

Feb. 12, temp. 8 a. m. 97; 7 p. m. 97.5; lungs clear.

Feb. 13, temp. 8 a. m. 97; 7 p. m. 98.

Feb. 14, temp. 8 a. m. 97; 1 p. m. 97.5; 7 p. m. 98.

Feb. 15, temp. 98; discharged.

During the acute stage I gave as an expectorant, ammonium carbonate, spirits ammonia aromatic two drams, syrup of yerba santa four ounces, a teaspoonful every hour. During the entire treatment I gave digitalin, strychnine arsenate and hyoscyamine for twelve hours, stopped six and began again till temperature fell below 98, and then aconitine and hyoscyamine were stopped. Rubbed breast with lard and turpentine four times a day and used a hot flaxseed poultice over location of pneumonia, renewed frequently. On the second day he had a very haggard, distressed look. On the third day this left him. He was able to take nourishment as necessary through entire sickness.

When discharged his orchitis was about well, testes being reduced to nearly natural size and not tender. Used on this

trouble a lead and laudanum wash, four times a day, and used suspensory bandage.

Score another victory for Alkalometry.

D. E. RUFF, M. D.

Junction City, Oregon.

—:o:—

I rise to offer an amendment to the last clause: Score another victory for accurate remedies in the hands of a doctor who knew how to use them.—Ed.

### PNEUMONIA.

W. H. C., negro, 22, had a typical attack of right lobar pneumonia involving lower lobe, admirably treated by Dr. Lacy. He fell into my hands the day following the crisis, and was in an excellent condition apparently. Three days later he had hectic, temp. 103, pulse 130, and was in a bad condition. The following day the sputa had become so fetid that the nurse could hardly stay in the room, with all doors and windows open, with rapid formation of cavity in lower lobe of lung. The condition of gangrene was not hard to diagnose, and left the prognosis anything but favorable.

The patient was taking creosote, ten drops every six hours, and strychnine sulphate grain 1-40 every four hours. An ounce of Unguentum Argenti Crede was ordered, and the surface over the cavity was rubbed thoroughly with one-half of this amount, the rest placed on a cloth and bound on his chest. The result was that by the next day the temperature fell from 103 to 97, pulse from 130 to 80. The internal medication was kept up and five days later a half-ounce of the ointment was again rubbed into the chest, and capsules containing three grains of the ointment given four times daily, the creosote being discontinued. By this time most of the fetor had disappeared and the patient was ravenous.

On the fourth of December, just two weeks from the onset of the gangrene, the patient was sitting up, the whole of the medication was discontinued and five drops of Merck's carbolic acid given t. i. d. in hot water. There is now no sign of a cavity in the lung, and the man weighs more now than he ever weighed before in his life.

I may be mistaken but I attribute his recovery to the use of the silver salt, or at any rate this contributed very materially to this man's comfort. I have found nothing to equal it in the control of hectic in late stages of tuberculosis of the lung. I believe I was the first to ever give it internally. In this instance rubbing-in 240 grains looks rather heroic, but something had to be done and done quickly, and this seems to have filled the bill.

I have used the ointment in one or two other instances in massive doses and have yet perceived no ill-results. One, a case of mastitis with five or six sinuses, the woman would not submit to have them opened up. I refused to treat the case and when leaving gave the husband a prescription for three ounces of Unguentum Argenti Crede, and told him he had better get another doctor. Instead he got the ointment and cured her very quickly, using the whole three ounces in less than ten days.

Do you, Mr. Editor, ever use apomorphine to relieve pain? I have recently found it of great value in migraine, where the pulse is full, given in 1-10 gr. doses and repeated in an hour, with five grains of acetanilid. I find it in doses from gr. 1-40 to 1-10 every four hours, a good thing in the pains of *La Grippe*, and it helps nicely to relieve the cough.

I think a tablet of heroin muriate and apomorphine, equal parts, would be one of the most serviceable you could give a

grippe-bedeveled profession. A solution of it is a thing of beauty, but after some hours there is a precipitate that I am afraid of.

I find a combination of the two, 1-20 gr. apomorphine and 1-12 grain heroin, one of the easiest ways to let a morphinomanic down. Four of the above doses a day will take the place of five or six hypodermics of 1-12 gr. morphine. In fact I like apomorphine in pain almost as much as in hysteria.

W. M. HOLLADAY, M. D.

Hampden Sidney, Va.

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Our thanks are due Dr. Holladay for keeping this remarkable silver preparation in sight. It does not produce argyria, and has qualities not to be found in any other argentic agent. Try it, friends.  
—ED.

#### GASTRIC ULCER.

Men's judgment differs as do their watches, so the signs, symptoms and treatment in this paper are not presented as invariable and infallible.

Gastric ulcer is a much more common disease than is supposed. It is only since 1830, when Cruveilhier gave a description of gastric ulcer, that much attention has been given to it. Since post-mortem examinations have become more frequent many cases have been revealed which had not been suspected before.

In Europe the autopsies reveal the fact that nearly two per cent of all deaths are due to open gastric ulcer, also many cicatrices of the stomach are found, most of which were caused by gastric ulcer. It is more common in the female than the male by three to one. In some cases it is almost impossible to make a correct diagnosis. It is often mistaken for gastralgia, indigestion, cancer or catarrh of

the stomach. It is only by careful differentiation that a correct diagnosis will be made.

Indigestion is nearly always present and impaired nutrition of the stomach itself. These may be caused by intemperate eating and drinking. Some authors say there is a tubercular diathesis present, and nearly all admit that the cause is very uncertain, as with ulceration of any other part of the body.

*Symptoms.*—Pain, generally local and covering a small area, occurs in all cases with more or less severity. There are a few cases where the pain is slight, and in some it is very severe. Pain is felt on pressure, being more intense under the end of the finger. The area of soreness is not larger than covered by the finger, or up to the size of a half dollar. It is often described as a boring or gnawing pain, seldom as darting or lancinating, as in cancer.

Sometimes the patient will speak of the pain running from the stomach to the back-bone. The pain is often just below the ensiform cartilage. Some complain of increased pain after eating, others find that food relieves the pain. Vomiting and nausea are often present, yet both may be absent. Nausea after eating is more frequent than vomiting. Vomit streaked with blood and vomiting of blood-clots are symptomatic.

Profuse hemorrhage is one of the most important diagnostic points. Britton says it occurs in one-third of all cases. Copious hemorrhage comes on without any warning, but in many fatal cases the visible hemorrhage is slight. Perforation is one of the gravest phenomena of gastric ulcer. Prompt surgical operation in these cases might save many from death. Constipation is generally present and impaired nutrition.

A patient with gastric ulcer should be

careful with his diet. If intelligent, he will be a very good judge of the foods that agree and those that disagree with him. Coarse foods should be avoided, foods that form gases given with caution. Starchy foods should be well cooked, toasting the starch converting it into dextrin. Sweets should be entirely forbidden in many cases, as they cause indigestion, fermentation and gases. Give foods that are not bulky, but nutritious and easily digested.

The duration of gastric ulcer is very uncertain. Some authors place it as from three to five years. Britton mentions one case of forty years' standing. The majority of the cases terminate favorably and recovery is complete. Cancer often supervenes, at the lower edge of the ulcer. The mortality is estimated at from ten to fifteen per cent.

Too many chronic cases are overdrugged and too much experimenting is done with any and every new compound. Bismuth subnitrate, forty grains to the dose, has been recommended as very good. In doses from five to fifteen grains it is one of the most soothing astringents and antiseptics. Zinc sulphocarbonate when pure is a good antiseptic, and prevents formation of gases. The tablets of sulphocarbonates of soda, lime and zinc, act nicely as antiseptics and anti-ferments. Bitter tonics that aid nutrition are often beneficial. Strychnine, iron and arsenic find their use in many cases.

If the stomach cannot retain food enough to sustain the patient, rectal feeding must be resorted to. Especially is this the case where there has been profuse hemorrhage. The stomach in these cases should have absolute rest, all foods given per rectum and all medicines hypodermically. Ergot, digitalis, strychnine, and morphine come in good, hypodermically, in profuse hemorrhage. By these reme-

dies you sustain the heart, control bleeding and quiet the patient. Sucking bits of ice to quench the thirst is better than giving draughts of water. Keep the patient quiet in bed. Nuclein hypodermically will be of great value, if it has the potency its author claims.

If constipation is obstinate, regulate the bowels by diet, flushing the colon with two or three quarts of water, two or three times a week. Encourage your patient, study closely the symptoms, carefully select your remedies and give them with precision, and you will accomplish much.

W. E. DODDS, M. D.

Richland, Iowa.

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Fuetterer has recently shown that when cancer develops in gastric ulcer, the neoplasm begins on the lower edge of the ulcer, which is most apt to be irritated by the food, which glides over the upper edge but lodges on the lower. I have found the acute pain of ulcer become very acute about half an hour after the meal begins, or just when the flow of acid gastric juice commences.—Ed.

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#### ALKALOMETRY AND MALARIA.

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Why is Alkaloidal Medication not more universally adopted? When we give a dose of plant-medicine, every physician knows that we give it for the effect of that part of the medicine on which its medical action depends, and that part on which its medical action depends is its active principle, therefore we give it for the effect of its active principle.

Here is a physician at the bedside. He perceives a train of symptoms to be met. It is an emergency case. These symptoms must be met, and at once; or the patient will die inside of a short time. This physician has seen these conditions

before. He knows them absolutely, and he knows absolutely that he must get the effect of a certain medicine as soon as possible, or, as shown above, of a certain active principle. Now you come to him and say: "Doctor, here is the medicine you need the action of. This preparation I show you is the active principle itself. That part on which the medical action depends has been separated, is readily soluble, in definite dose, will be found in the circulation a few seconds after ingesting and you can carry it right up to the degree you want it with perfect safety.

"Then here is another preparation. You can have your choice. This one is the same active principle as the other, I don't know how much, mixed with this solution which is mostly alcohol and water, with the plant coloring matter and some inert products. Of course if you get just the right amount, and the taste and bulk don't interfere with the stomach, and you're in no hurry, and don't care how long it takes to be absorbed, if these four or five "ifs" cut no figure in this case, you can have this one if you'd rather. It doesn't cost any more."

What intelligent person on the face of the earth would choose the latter? Well, then, what is the reason? Is it because the alkaloids and dosimetry have not been brought to notice, or held before the mind till forced to give them consideration? Perhaps this is true in some cases.

The reason I was loth to take up the alkaloids was, I thought they were expensive. But I have found they are not expensive. The Triple Arsenates with Nuclein are as expensive as any combination; \$3.25 per 1000, or .03¼ for 10, a day's dosage, is not as expensive as a fifty-cent four-ounce prescription, of which three teaspoons a day cost .05 a day. And yet every physician whom I

ever knew to be unfavorable to alkaloids called them expensive.

Any argument any galenist can make against dosimetric alkaloids, I will be glad to answer. Now I haven't said anything but what has been said a hundred times in a hundred ways in the CLINIC, but the facts are so evident to me I cannot withhold. "None are so blind as those who won't see."

All the cases of remittent malarial fever I have handled this fall and winter, numbering between forty and fifty, have run a course of about twenty-one days, with the exception of the last case in which I made use of the Triple Arsenates with Nuclein, twelve tablets a day and meeting other indications as they arose. This was the most severe case in the whole lot, bordering closely on pernicious. Tenth day found temp. normal and it has remained so ever since.

GUY L. LARAWAY, M. D.

Boyne Falls, Mich.

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Before one takes the plunge into Alkalometry it seems a very serious and questionable thing to do. After taking, the matter seems so simple, so perfectly obvious and sensible, that one cannot quite comprehend why the others do not come too.

We hope all our friends will send in full reports on malaria.—Ed.

#### MISSISSIPPI MALARIA.

I have given your alkaloidal preparations a thorough trial. I failed to get satisfactory results with the arsenates of quinine, etc. I feel sure these preparations used according to your directions will do all you say in a northern climate, but here in the Yazoo and Mississippi Delta, the very home of malaria in all its pernicious forms, we are forced under the



circumstances to use doses that to one in a colder climate would appear heroic.

Here, morphine given hypodermically in 1-8 to 1-6 gr. doses has none of the physiologic effects described by works on *materia medica*. Calomel must be given in grain doses, and all the purgatives in the same proportion.

Your granules of aconitine and glonoin have given me a great deal of satisfaction; but the aconitine had better effect when given every fifteen minutes. This little drug, insignificant in size and almost tasteless, does wonders for the doctor's good reputation. Often we find a patient with temp. 104, severe headache, restless, stomach so irritable that fluid extracts and similar preparations will not be retained; then it is that the little fever granules come into action and storm the strongholds of the over-wrought nerve-forces.

Some of your preparations may not suit our malarial people, but your wise counsel to "clean up, clean out and keep clean," here is our shield and buckler. How could we combat the ravages of such a foe if we didn't bring the above into practice?

I used your nuclein preparation on a tubercular patient and while the patient was under that treatment he seemed to improve. The patient soon afterwards went in search of the high, dry air of southwest Texas, and promptly died.

Your query department is a valuable aid to me. Why any one should criticise that department, I cannot see. To me it is the next thing to an internship in a hospital.

J. N. MECKLIN, M. D.

Midnight, Miss.

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Dr. Beates gives quinine arsenate in one-grain doses, even in Philadelphia. I would not hesitate to give a grain a day

in your climate, but would give calomel first or else full doses of emetin, a grain a day and combine berberine from one to three grains a day with the quinine. I wish you would tell me something about the connection of malaria with drinking of impure water as you find it. The mosquito infection theory is pretty well established, but is malaria also water-borne? Also what about calcium sulphide as a prophylactic to malaria?—ED.

#### BEGINNING RIGHT.

It is now about a year that I am a reader of your CLINIC. I was a student at the Detroit Medical College when I became interested in it, and I assure you that I am not sorry for it either.

During the year past I have learned a great deal from the CLINIC. I most highly appreciate the question and answer department. When we consider for a moment the great "rush" with which we are hustled out from school into the world to practise medicine, we cannot help considering your journal a great teacher. I need not say much to praise the CLINIC, as it speaks for itself. Out of five journals that I take, I appreciate the CLINIC the most.

You see I am a baby in medicine. Graduated last May. The more I learn the less I know. But I have read a great deal since my boyhood on medical subjects. Alkaloidal medication which you advocate is just the thing. Your argument in its favor is invincible. When I was a Freshman I asked my chemistry teacher: "Doctor, when we prescribe so many tinctures, so many fluid extracts, so many salts, together in one prescription, do you mean to say that chemical reaction takes place between the substances, and as a result I have something new formed?"

"Why, sure," was the reply.

"Then," I replied, "do you mean to say that every physician who prescribes so many things actually does not know what he is giving his patients? For God only knows what will the new resulting substance be, when chemical reaction takes place between half a dozen substances."

"I don't know about that," was his answer.

I really pity the student who hangs his head over his desk and commits to memory a thousand-and-one things, whether it will combine with this or that, and after having it combine the result again is nothing but dirt! Why not use the alkaloids and be done with the compatible or non-compatible? The old system is doomed.

I have just come to this place and passed the state medical examination, and obtained my license to practice. I am now looking for some suitable apartments for an office. There is a funny combination here between the druggists and the doctors. I was called upon by some druggist to combine, but whether I combine or not I am determined to use largely in my practice, if I should build any, the Alkaloids.

Well, Doctor, it is a sin I know to take so much of your valuable time. You need no encouraging word from me, when many others far abler than I am have already said good things about both your CLINIC and the Alkaloids.

K. H. MALLARIAN, M. D.

Fargo, N. D.

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You are starting right and that is well. Your stepping stones are good, heavy boulders, not chunks of rotten wood to float away as soon as you step off them. Each experience will be something you can depend upon, so that you can go on from one step to the next, secure of those

you have traversed. I know doctors of twenty years' experience who cannot prescribe for a cough or a diarrhea without having to go back and ascertain what effect their medicine has had.

Doctor, be slow about going into combines. Do not needlessly antagonize the powers that be, but keep your independence. Avoid quarrels—you'll have enough you can't avoid. Make friends, not enemies—one enemy will do more harm than ten friends will do you good. But if you are forced to surrender freedom of action or fight, go in and fight with such a vim that you'll make the other crowd think they have picked up a catamount instead of a rabbit. Be sure to keep out of any quarrel in which you cannot command the sympathies of the public. Combines usually dislike publicity, and the public don't like persecution.—ED.

#### SCIATICA.

For three weeks Mr. R. had suffered with sciatica, taken everything recommended with little relief, took treatment from a static machine till he got so bad he could not get to town. He was compelled to take four doses of morphine during each night, and his sleep was only interrupted short naps.

I wired to Frank S. Betz: "Express C. O. D. quick, \$18.00 hot-air machine, gasoline heater." Three days later I received the machine, all O. K., and began my treatment. I gave him three baths a day of one hour each, also internally strychnine arsenate gr. 1-67 and zinc phosphide gr. 1-67, every three hours by day, and a saline purge each morning; excluded meats and recommended milk diet.

For the next four nights my patient was able to sleep fairly well by taking morphine gr.  $\frac{1}{4}$  at bedtime. The three

following nights I substituted Comp. Bromides, a teaspoonful at bedtime, since which he has taken nothing to overcome pain or produce sleep. Three days ago he began walking about the room, yesterday he walked to his barn, to-day he drove to town a distance of one mile, and with the exception of a boil he is free from pain. To-day I added calcium sulphide for his boil, and wine of cod-liver-oil with hypophosphites as an auxiliary tonic.

I have been a reader of the ALKALOIDAL CLINIC since '94. My attention was called to it by my beloved preceptor, Dr. S. T. Botts, of Etoile, Ky. I cannot do without it. This is my first case to report. I have followed the injunction: "Be slow to speak and swift to hear." But as this case is a little out of the line with the ordinary, and since my patient made such a rapid recovery, I thought it due to the inventors to report the same to the CLINIC readers.

J. B. HONEYCUTT, M. D.

Denton, Texas.

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A fine example of the value of an up-to-date doctor.—Ed.

#### FAT FOR TYPHOID DIET.

In the perusal of a paper on typhoid fever by an eminent physician, in a recent number of *The Canadian Medical and Surgical Journal*, we find that with other food, fat in the nature of rich cream is recommended. The author of the paper does not state whether the information given is derived from recent literature or from actual practice.

It is but a few weeks ago that we were informed by an anxious mother, whose daughter lay sick with typhoid and whose diet was a little colored water, one or two teaspoons of milk—skimmed—added to a glass of water, that a lady but re-

cently from Europe had said that at her home the patient with typhoid received water and the medicine only; and they did not consider it a bad disease, as all of the sick easily recovered.

The feeling prevails that we must feed typhoid. The following will prove the delusion: Several years ago we had two men under consideration at the same time, who could not swallow any solid or fluids, and the families thinking it a torture would not permit the stomach-tube to be used. These two, without food of any kind, lived more than fifty days.

This should be proof positive that, particularly in typhoid, these cases cannot starve on pure water; and we might add, when we take into consideration the pathologic state of a case of developed typhoid, is there a food that can be assimilated? As regards fat, we had several years ago a delicate little miss of 7 with typhoid, who on taking cod-liver oil during the period of convalescence succumbed not to the disease but to the effects of the oil within three days. We have found the sick in convalescence to get a little fever. We have thought this caused by the fat administered, and it is our habit when a slight elevation is found to caution against fat. The bane of typhoid fever is fat, food, and astringents.

A. W. RINGER, M. D.

Cincinnati, Ohio.

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If all the intestinal glands leading to the lacteals were affected in typhoid fever, and all at the same time, there would be no use in giving fats. But some glands escape entirely, while the malady begins in those next the stomach and travels down progressively, so that the duodenal glands may be restored to function by the time the lower iliac glands are disabled. Hence, some nutrition may slip in at any period.—Ed.

# AMONG The BOOKS

*Panama and the Sierras. A Doctor's Wander-Days.* By G. Frank Lydston.  
*Beneath Hawaiian Palms and Stars.* By E. S. Goodhue.

There is always room for books on travels, and of these the most recent is the most valuable. It is of less interest to know the condition of things in the past than it is of what now is; and the more remote the past, the smaller is the interest. Some works, like Kinglake's "Eothen," may survive as masterpieces of literary art, and to amuse the reader with the splenetic puerilities denoting the weak spots in the author's character. Works of travel partake of the nature of periodical literature, and an old one is a "back number." But like the newspaper they are also records of current history, and may prove of value to the historian in so far as they portray correctly the things a man has seen clearly. The light comedy enlivens the book for the casual reader, and dies quickly.

It is not easy for one who knows Lydston personally to estimate without bias the value of his work. So many things appear which inevitably we read, hearing them as he would say them, with the inflections and side lights imparted by one of the most accomplished raconteurs of the day. To a stranger this is wanting, and he misses much.

Lydston couldn't exclude his personality if he tried, and very wisely he does not try.

And he does not wholly succeed even in "sinking the shop," which he might have done without injury to the book as it will be seen by strangers. To those of us who know the haughty manners of the "Columbusters" the reference to them in the opening pages, is inexpressibly funny. So is the author's sketch of his alleged illness, which we feel strongly tempted to reproduce. As the author reaches the Isthmus he forgets he is a doctor and becomes simply an idle sojourner, letting himself be amused by what passes before him, and reproducing with pen and camera that on which his eyes rest, without exerting himself to select. We are mercifully spared the guide-book. (I once saw an English book on travels that began by giving the latitude and longitude of New York! The naïve surprise following, when the author found buildings of stone and brick there instead of wigwams, was therefore not wholly unexpected.)

By the time we reach California the doctor and Lydston are both left behind, and we have simply a man revisiting the land of his birth. He treads once more the familiar paths, looks on the well-remembered scenes, and with warming heart seeks out the few remaining friends of his boyhood. Somehow we feel as if we have got nearer the real Lydston here. Doesn't the heart soften at every tree under which we played, every pool from which we lured the fish, every human

being connected with the glorious days, those of our youth? Truly, "Heaven lies about us in our infancy," though we never recognize it until our heads whiten with the snows of age.

This part of the book will be read with especial interest by those who are familiar with the vivid pictures of this region in the days of its glory, given by Mark Twain, Bret Harte and Joaquin Miller. Now, we see the Tuolumne as it is to-day, the placers exhausted, the struggling, jostling, uproarious crowd of Argonauts drifted off, most of them to graves, honored or otherwise, a few decrepit remnants still lingering about the scenes of former lives they cannot forget or tear themselves loose from. The "boom" has "busted;" the deserted saloons have moldered into ruin, the paths through the woods grown up, the forest has enshrouded the heaps of debris marking mines for which men fought to the death, the floods have swept away the home of our boyhood, and Nature has resumed her sway over the fast disappearing evidences of man's rough interference. And yet—There were giants in those days.

Dr. Goodhue, as Medical Superintendent and Government Physician in Hawaii, has had opportunities which he has used well. He gives us a faithful pen-picture of Hawaii as he sees it, and a rambling, somewhat disjointed abstract of its political history, too carelessly prepared to be authoritative; as for example when on page 172 he puts Kiwalao's heirship a century late, and afterwards mixes up names in a bewildering confusion. But this is not material; what the book gives is exactly the information a man wants who is thinking of going to Hawaii to settle. Be he a physician, small capitalist, farmer or mechanic, he can find a plain statement of what he may expect to en-

counter there, the difficulties, financial conditions, needs, supplies, openings, facilities and cost of transportation to market, and somewhat on matters of climate, health, morals, educational, religious and social conditions. If I had a friend who was thinking of going to Hawaii I would advise him to read Dr. Goodhue's book before deciding.

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*Obstetric and Gynecologic Nursing.* By E. P. Davis. 12 mo., 402 pages, fully illustrated. W. B. Saunders & Co., 1901. Price, \$1.75 net.

Next to the blessing of modern asepsis and antiseptics is the modern nurse, to both patient and physician. Our girls are in business now, after they have been at school. They have no time nor chance to learn how to nurse, and least of all a lying-in woman. And in gynecology the best surgeons best work will be robbed of success by an unskilled nurse. These are trite but true sayings, and are intended to introduce the work in the heading as a most admirable and exhaustive manual on the subject treated. A mastery of this book should make a competent woman a mistress of her profession.

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*Tokology for Mothers.* By Albert Westland, of England.

This is an excellent modern guide for mothers in raising their children up to the best light which scientific observation has given us.

The book is published by Dr. E. B. Foote, Jr., who did not improve the book by inserting in it his vile and violent anti-vaccination fanatical ideas. The country is reaping now the pestiferous fruit of a smallpox epidemic from the poisonous seeds of which Dr. Foote is one of the vendors. God have mercy upon such blind guides and their deluded followers.



# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## REPORTS AND SUGGESTIONS.

Report on Query: "Disease of Nails." I only used an antiseptic solution. I could not get tin oleate. The result was a complete cure. I followed your suggestion as to internal treatment and used locally mercury bichloride 1 to 2000.

J. R. S., Kansas.

Report on "Gall-stones." Regarding the man with gall-stones upon whom you so kindly and ably wrote me, permit me to say your treatment has done him more good than any other.

J. A., Iowa.

## QUERIES.

QUERY 1893:—"Atypic Epilepsy." Male 58, in robust health, while sound asleep at 5 a. m. felt a profound shock as though crushed by a great weight, instantly sprang to a sitting posture in bed, greatly confused and uttering a cry of alarm and pain, and at once fell back on his pillow, powerless to move. A second but milder attack occurred in three minutes. Great difficulty in breathing for a short time, great dizziness with a sensation of being whirled rapidly heels over head in the air, followed by complete prostration and severe pains all through the body. Dizziness continued at intervals for four weeks especially on exercise. Sensation of whirling over and over in the air and dizziness made it unsafe to be in any position

where a fall might produce an injury. Malady finally wore itself out, but patient has never fully regained his former condition. What was the trouble and what the remedy?

W. B., Illinois.

You have a case of atypic epilepsy. As to the treatment there is nothing in the above to indicate the cause. In the absence of the known cause the treatment must be expectant or on general principles. We can say, however, that a large number of cases of epilepsy at that time of life are caused by heart-disease.

J. J. ANGEAR, A. M., M. D.

See "American Alkalometry," pages 313 to 316.—Ed.

QUERY 1894:—"Flushes." Please give pathology and cure of the burning pain in the top of the head and the hot flushes which so frequently affect women, beginning usually about the menopause and continuing sometimes for years after it. The flashes sometimes cause sweating and make low temperatures pleasant.

Is iodine the drug that benefits in secondary and tertiary syphilis or is it the compound salt? If it is the iodine alone we can give it in a pleasanter form than in any of the ordinary salts.

G. H., Ohio.

WAUGH'S "THE MORPHINE HABIT," ITS TREATMENT.. IOC.

We will gladly publish an article on the flushes you mention. Editors are too busy answering queries to write it. I have often asked myself that question about iodide, and some months ago began treating syphilis with iodine, iodoform and arsenic iodide. So far I find them more effective than potassium iodide. But I am a believer in mercury as the only drug that cures syphilis.—Ed.

QUERY 1895:—"Calcium Iodide." I see in CLINIC oxide calcium recommended for grippal cough. I have tried almost everything else to no relief.

T. O., Maryland.

I think you were mistaken in regard to the recommendation of calcium oxide for cough. It is calcium iodized which we recommended. For an adult give five tablets every half-hour until relieved. I am sure you will find it a very effective aid.—Ed.

QUERY 1896:—"Goiter." This class of patients (and I have been getting many of late) gives me no end of trouble. My best treatment is a failure. Can you suggest anything in your experience that will cure and hold these goiter patients? I do not refer to the exophthalmic variety. A goiter patient left me to-day and went to an osteopath here, who claims to cure goiter by his manipulations.

J. A., Iowa.

The most successful treatment of ordinary goiter I can recommend to you is the application of iodine driven in by electricity as described by Dr. Neiswanger in the CLINIC some time ago. You may find iodothyrene effective, but I doubt its superiority to iodine. If you write to Dr. Neiswanger at the Illinois School of Electro-therapeutics advertised in the CLINIC, he can probably give you full particulars.—Ed.

QUERY 1897:—"Neuralgia." A mother, 40, neuralgic headaches, left side,

since fifteen; paroxysmal, come with sense of weight, heaviness and tired feeling, sometimes occipital, sometimes frontal, lasting ten to twenty hours. After the attack she is rigid and tired, blows from her right nostril clots of blood, eyes become dim, cannot read. During attack if she applies warm water, or makes gentle pressure on the temporo-malar nerve, her pain becomes lighter. A year ago attacks were daily, now weekly by the help of alkaloidal treatment. Once she had no attacks for months. I gave aconitine for congestion, nuclein, tonic arsenates, W-A Intestinal Antiseptic, Saline Laxative and zinc phosphide.

P. D., Texas.

This is a typical neuralgia and your treatment is good. Nevertheless, I believe that you can do more. First look into her diet and see if she eats more nitrogenous food than she needs. If so, reduce it to a vegetable diet, even though she be anemic. Also see if a richer meal than usual precedes her attacks, or if they come from eyestrain, reading or sewing, or from catching cold. Also examine the urine and see if she is excreting enough solids, especially enough uric acid. With the excellent start you have made you will thereby be able to cure this woman completely.—Ed.

QUERY 1898:—"Hystero-Epilepsy." A lady, 18, nervous temperament, regular, two months ago retired well, had been asleep an hour when her struggles awoke her parents. They tried to arouse her but failed. She seemed totally unconscious when I reached the home. She was still comatose. I applied ammonia to nostrils and cold water to the face, which aroused her, but it was some time before she realized what had occurred or answered questions intelligently. The convulsion, if she had one, lasted only a short time. She did not froth at the mouth but was inclined to be stupid. I gave her Bromidia. She rested well the rest of the night, felt well the next morning as if nothing had occurred, and continued so

for two months, when another seizure occurred.

These spells came on without warning, no drowsiness, no feeling of lassitude, no mental worry or anything of emotional nature. Both attacks came on just after menses had made appearance.

J. F., Kentucky.

I would look on the case as a hysteropilepsy and suggest a thorough examination of the rectum and genito-urinary apparatus; also that you examine the urine to see if she is eliminating enough solids, and especially enough uric acid. Make this examination immediately before the spasm is to be expected, that is, just after menstruation. If you find a tight anal sphincter, dilate it. Circumcise or do anything else which you can find excuse for. Put the young woman on a vegetarian diet, forbidding coffee and similar drinks, and give her verbenin granules, beginning with seven a day and increasing to double this number during the menstrual week.—Ed.

QUERY 1899:—"Dropsy: Cardiac." Male, 51, twenty years ago had rheumatism and dropsy of legs. They are covered with scars ofappings and spontaneous breaks. He has been in good health since. In September seized with dyspnea, respiration 35, pulse weak, 100 to 120, cannot lie down, cedema up to knees, left worst, can walk some but causes shortness of breath, bad color, sclera yellowish, constipated, very tender under edge of ribs and at times has good deal of pain there.

Heart-sounds normal except rapid. The symptom that causes most trouble is a constant severe pain two inches below and two to left of right nipple. I hear a constant booming or swirling, rumbling sound there. This region is swollen, covering area of two hands or more, can feel heart-beat there much plainer than on left. Patient can feel heart thump against chest-wall. A blister relieved him for some days. Urine sp. gr. 1030, heavy with phosphates, some bile and uric

acid. He has constant severe frontal headache, no appetite.

I recently purchased a Betz' hot air apparatus on your recommendation to CLINIC readers, and it is all O. K.; gives satisfaction in treating rheumatism.

J. R. M., Missouri.

The enlargement is undoubtedly an enlarged, dilated heart. Give the patient two granules apocyn, and one granule sparteine sulphate gr. 1-6, with a tablespoonful of saturated solution of sodium sulphate, together every two hours while awake. Enforce the dry diet, giving just as little fluid as you can induce your patient to live with. Let the diet be nutritious, small in bulk and in a week's time your patient will feel like a new man.—Ed.

QUERY 1900:—"Anesthetics." Calcium iodized has acted most wonderfully for me in croup. I have had four cases, and have had to see them but one time each. The calcium iodized did the work, and I am well pleased with it. Please send me samples of Nirvanin and Orthoform. Please give the address of G. P. Engelhart, as I want Heineck's work on anesthesia.

Truly a subscriber without regret.

J. W. H., Texas.

You can obtain Nirvanin and Orthoform by sending to the Elberfeld Co., 40 Stone St., New York. G. P. Engelhart, the publisher of Dr. Heineck's book and Dr. Waugh's new book, is at 354 Dearborn St., Chicago. We have no special literature on syphilis. It has been a long time since anything new on that disease has been said.—Ed.

QUERY 1901:—"Epilepsy." Boy, 14, am using copper bromide, which controlled symptoms to present, but has lost its influence.

Do you think the Anti-epilepsy remedy No. 235, will do any good?

Has Prof. Waugh got out a late edition of his book "Treatment of the Sick"?

Is it a work on practice or on therapeutics?

C. H. M., Ohio.

The Anti-epilepsy is a good thing to prevent fits, but the vegetarian diet, the removal of all sources of reflex irritation, with colchicine one to three granules a day, I believe to be still better. Use this treatment and hold the epilepsy granules for the patient to take whenever he feels a fit coming on.

The Waugh book is strictly limited to treatment, giving only so much of the diagnosis as is necessary to direct the treatment. The second edition of it is now being sent out. I enclose you specimen pages.—Ed.

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QUERY 1902:—"Waugh Book." Kindly permit me an inquiry regarding the book by Dr. Waugh, "Treatment of the Sick." Will it be of service to a practitioner who does not use the alkaloidal remedies as manufactured and sold by you? Is the book for sale anywhere in Canada? Ordering it from you, one will have to pay fifty cents duty, which will bring the price up to \$5.50.

J. C., Nova Scotia.

Dr. Waugh's book is a digest of the treatment from 600 authors, very few of whom are alkaloidal practitioners. He has gathered whatever he thought was good from all sources. You can obtain the book from our Canadian agency, Mr. Le Fort, 251 St. James St., Montreal.—Ed.

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QUERY 1903:—"Impotence. Pruritus." I send you urine from a man, 50, practised self-pollution, impotent for years, mind impaired, has all kinds of imagination especially at night. Can no longer converse on one subject, bowels regular.

Lady, 60, itching over body, four years' duration, bad in evening, no eruption, appears healthy, bowels regular.

J. T., Pennsylvania.

The urine gives very little information of value, beyond the presence of bile and

oxalate, which indicate sluggish digestion. Empty his bowels, regulate them with Anti-constipation granules, then pass a sound and examine the condition of his urethra. If you find stricture, dilate it; if tenderness use Europhen-Aristol with Petrolatum and you will be able to restore the lost function. With it his mental condition should improve. He would be the better for a short course of zinc phosphide gr. 1-6 four times a day, and a long course of the Triple Arsenates with nuclein, full dosage.

In the case of the lady, clear her bowels, render the aseptic with the W-A Intestinal Antiseptic tablets, cut down her use of nitrogenous food and give each day colchicine, one granule every hour until it acts on the bowels or causes nausea. When the itching comes on put her into a weak mustard bath.—Ed.

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QUERY 1904:—"Goiter." Wife, 35, goiter eight years, double, has grown perceptibly in two years, she is very nervous, excessively so at menstrea, almost total prostration, menses regular, no womb trouble, heart-action very rapid at all times, almost beyond belief when startled or under excitement, very ambitious, bowels regular, appetite good, at times pain in the goiter and this is worse at menstrea.

I have had uniform success with all the alkaloids save one; with that I have had uniform failure; but I believe I have at last discovered where my failure was, and frankly confess to you that it was in me instead of the drug.

J. B., Indiana.

You must be careful and have your wife avoid excitement, which increases the growth of the goiter. Sexual intercourse also increases it, and since there is an increase at the menstrual epoch the irritation should be moderated by giving B. U. T. during the menstrual week. Keep her bowels regular also and

regulate her diet carefully according to her needs. The overuse of meat, coffee and other stimulant food is to be avoided. When she has pain in the goiter you will find cicutine hydrobromate the best remedy, given to full effect, a granule every half-hour.—Ed.

QUERY 1905:—"Tape-Worm." Lady, suffering from tape-worm. I want to try the "Tape-worm" remedy you so highly recommend.

L. T. H., Missouri.

The only precaution in addition to those noted on the label is that the worm should be passed into a bucket of water, which will float it up and prevent the neck breaking, leaving the head inside, in which case the parasite might develop again.—Ed.

QUERY 1905:—"Tape-Worm." Is the Tape-Worm Remedy good for stomach-worms as well?

J. L., Kansas.

In using the tape-worm remedy be sure to have the patient pass the worm into a bucket of water which will float it up and prevent the neck breaking, leaving the head inside. I know of no parasite which can live in the stomach and bowels when this remedy is present.—Ed.

QUERY 1906:—"Eczema." I have a case of eczema which I am anxious to treat with some of your remedies.

E. H. S., Illinois.

You will not do much good with eczema unless you keep the alimentary canal clear and aseptic and keep the renal elimination fully up to the standard.—Ed.

QUERY 1907:—"Cancer." What is the best book for the primary department in Alkalometry? My father has a cancer on the tongue, well back at the base; it

hasn't begun to break down yet, and I thought possibly you, knowing so many good things, might know of something that would give him some relief.

C. S., Massachusetts.

Read what Dr. Brewer has said in the CLINIC concerning the use of nuclein solution in cancer. Inject a hypodermic syringe into the substance of the growth once every day or two. Kindly inform us if we can be of any further use to you in the matter. We extend you our heartfelt sympathy.

The best book for you to begin with would be Shaller's Guide.—Ed.

QUERY 1908:—"Swollen Cheek." Mother, 30, heart, lungs, kidneys, digestive organs O. K. Swelling of one cheek, under eye, and on forehead, no oedema, dermatitis or inflammation discernible. Temperature normal, general health good. Swelling subsides and returns. Small area only affected. No general swelling. No sting, bite, poison.

ENQUIRER, D. C.

The swelling may be due to suppuration going on in the antrum or somewhere about the face. Have a first-class dentist make an examination. Lacking this, give calcium sulphide to full effect to stop suppuration, keeping the bowels clear and aseptic. The only other cause which occurs to me is a possible cirrhotic nephritis, in which local inextinguishable oedemas are liable to occur.—Ed.

QUERY 1909:—"Iodothyrene." On page 42 of THE CLINIC iodothyrene is mentioned. Where is it manufactured? Would like to prescribe it at once in case of rapid enlargement of thyroid gland.

R. K. M., Ohio.

You can obtain Iodothyrene from the Elberfeld Co., 40 Stone St., New York City.—Ed.

QUERY 1910:—"Syphilis." Man, 38,



contracted syphilis 13 years ago, last August had cerebral hemorrhage, left side paralyzed, has made improvement, cannot use arm and leg much. How much improvement can we expect?

L. E. M., Illinois.

You can remove nearly all of the effects of the attack, but not quite, as some nerve-fibers that are broken will not reunite. Give the man iodoform gr. 1-6, mercury biniodide gr. 1-67, every two hours while awake, and arsenic iodide gr. 1-67 every four hours, and continue these until symptoms of iodism are manifest. This is the most powerful absorbent combination you can make. Add to this strychnine hypophosphite pushed up to full dosage, in order to restore the nerves to their function.—Ed.

QUERY 1911:—"Gall-Stones." My mother, 64, suffered years of chronic gastritis, rheumatic, ulcer on right leg. Four years ago confined to bed with acute gastritis and pains in feet and right shoulder, heart intermittent, tachycardia on excitement or over-exertion for years. Became deeply jaundiced, and it is for this I seek advice for it is now the most prominent feature of her case. There has been no pain in the gall-bladder, palpation reveals no change in liver or neighboring organs, percussion shows normal liver dullness, yet she is deeply jaundiced and has septic chills, sometimes three a week and sometimes once in ten days, after which her urine is dark brown, scanty and loaded with bile, otherwise normal. These chills are preceded by pains in the feet always, and sometimes general neuralgic pains. The chill is followed by sharp fever, 102—103.5, ending in a sweat within six hours usually, without antipyretics. I have diagnosed infective cholangitis. Has she malignancy? Or has she gall-stones with chronic malarial poisoning?

D. B., Indiana.

Your mother's case is one of gall-stone with infective cholangitis, I see no reason for suspecting malignancy or

malaria. Gall-stones occasionally cause periodic chills, as has been especially shown by Dr. Quine. Were there malignancy she would have persistent temperature, a degree or two, persistent pain eased by lying on the face, steady loss of strength and weight, and the development of a cachectic face.

The treatment is sodium succinate grains 5 before each meal and at bedtime, each dose in a tumblerful of hot water; the bowels regulated by granules of euonymin, one every hour each day until the bowels move; diet strictly limited to foods which agree with her, avoiding fats, fries, iced foods and drinks. Sometimes it is well to begin these cases with a diet strictly limited to milk, fresh fruit juices, junket, koumyss, meat soups devoid of fat, and the predigested foods; giving these in small quantities every four hours, half a glass to a glass being the proper dose, and this she should take in very small sips, taking a full quarter-hour to consume the quantity named.

I have found it an advantage also to disinfect the alimentary canal by the constant use of the sulphocarbolates. In this case I would prefer sodium sulphocarbolate, of which she should take grs. 5 every two hours while awake. Let her wear wool next the skin and carefully avoid taking cold. I believe that while improvement will be slow by persisting in this treatment you will see a gradual return to health.—Ed.

QUERY 1912:—"Epilepsy." Boy, 11, afflicted with epilepsy. He used to fall into convulsions, but does not now. Of a sudden he becomes oblivious to all that surrounds him, will walk in a circle, has a fixed stare, starts out and is "caught," will lift his feet up and down or walk slowly, mumbling to himself. These spells occur sometimes every five minutes, average duration thirty seconds. He is

bright otherwise, but has not a good memory. Is perfectly conscious of being that way and is embarrassed if strangers are looking at him.

H. A. K., Louisiana.

Your case is epilepsy, *petit mal*. Stop the nitrogenous food, make the boy a vegetarian, trim up his genitals and rectum of anything which can cause reflex irritation, and give him verbenin, six granules a day increased to full effect.—Ed.

QUERY 1913:—"Bladder: Irritable." Male, 21, irritable bladder, often gets up in night, worse by day; urine deposits cloudy, flaky sediment, no albumin nor sugar, spec. grav. 1020; patient nervous, uncontrollable desire to exercise the joints of arms and legs, very obstinate eruption on face, appetite good, bowels regular, stomach digestion good but symptoms of intestinal indigestion, no headache or neuralgia. I suspect the trouble due to uric acid.

J. M., Mississippi.

This is a case of oxalate poisoning. Give nitric acid dilute, ten drops before each meal, the bowels to be regulated by a morning dose of Saline; copper arsenite gr. 1-250 before meals and at bedtime.—Ed.

QUERY 1914:—"Malaria." I have had malarial fever five months. My spleen is enlarged, stomach and bowels swollen. I had fever, then slight coolness of feet and hands, lasting three to eight hours before fever rose, fever 1 to 2.5 degrees. I have no appetite, food and water tasting bad; difficult breathing. Urine high colored, scanty, at times a considerable sediment, great pains in legs and hips at times, very much reduced in flesh. I have taken quinine arsenate and strychnine, aconitine till fever cools, asparagin to increase urine. I am now taking berberine. Spleen has somewhat decreased and I have very little pain. Have become very weak and have headache every day. December 1st, took severe cold, now have dry troublesome cough.

L. H., Mississippi.

In your case I would advise a thorough emptying of the bowels by calomel followed by Saline Laxative, disinfecting them with the Intestinal Antiseptic tablets, which will require about seven daily; berberine gr. 1-6 to drive the parasites out of the spleen and quinine arsenate gr. 1-6 to destroy them; these two every two hours while awake. Add to this tincture of iron twenty drops before each meal in water, feeling sure that you need it. Boil all the water you drink. If you have any mosquitoes in your part of the country guard yourself against them carefully at night. If there is a recurrence of the malady come north for a few weeks to get the benefit of the wonderful climate of Chicago.

The spleen can be somewhat reduced in size by directing a strong stream of cold water against the skin over the spleen, best done while lying in a hot bath, using a stream of water from a 1/4-inch nozzle.—Ed.

QUERY 1915:—"Liver Disease." Mother, 55, ailing eight years. Greatest trouble from her standpoint is inability to eat and to endure any work or vexation. Craves meat and hearty food but can't digest it. Cannot digest sweets, fats, or starchy food, acid fruits or vegetables; can eat bananas if baked, cannot digest milk. Lives mostly on graham crackers and roasted bananas; breaks over and takes milk sometimes, and after a meal or two of it suffers indigestion, the white undigested curds passing unchanged from the bowels; the stools costive and constipated, necessitating injections or pills; light-colored, and when quite light are sure forerunner of "a storm."

She has considerable distress across the small of the back and hips, coming round to the front over the left ovary, sometimes down left groin across the pubic arch, right groin and right side of bowels. Makes water normally, sometimes frequently. Urine neutral or slightly alkaline. Sp. gr. 1020, amber, no su-

gar, no albumin, considerable uric acid, amount three pints a day.

She keeps in fair flesh and color, would not be taken for a sick woman, but has no endurance. Often collapses, with cold clammy sweats, relieved by atropine and glonoin. When several days worse than usual she becomes hysterical, will laugh, cry and demand inconsistent things. Have stimulated the liver with 1-50-grain doses of calomel every two hours. This restores color to the stools. If the odor of the evacuations or urine is fetid, W-A Intestinal Antiseptics correct it. Have given colchicine considerably with full drafts of water.

Three weeks ago gave Pancrobilin pills, two two hours after each meal to supplement action of liver and perfect intestinal digestion. This loosened the bowels for a while. But two weeks ago the stools ceased entirely and for a week nothing passed. Enemas and cathartics, oft-repeated, massage of the bowels, all failed till finally "Saline Laxative," three heaping teaspoonfuls at a time, repeated in three hours, got through. Stools were nearly black and very fetid. Kept this up for three or four days, till now they are normal. Could this stoppage be caused by the Pancrobilin pills? I never had such a result before.

Is it uric acid poisoning? She has no hard nodules or tumors in stomach or bowels, no tenderness over the appendix, and insists she has no womb-trouble. "THE CLINIC" is a great help to me. I could not do without it.

A. B. B., California.

The liver is at fault. My suggestion would be euonymin gr.  $\frac{1}{2}$  and emetin gr. 1-6 before each meal, the diet to be carefully regulated for a while, taking things you know will agree with her and nothing else for a week, then add a little milk, half a glass taken hot with salt, she to occupy fifteen minutes in eating it. I am inclined to suspect gallstones. If there were cancer of the liver there would be a steady decline in flesh and strength.

The Pancrobilin pills ought to help her digestion greatly. Or full doses of

ox-gall, ten to twenty grains after meals, with a Caroid tablet or two, might prove very useful. I would suggest the liquid Pancrobilin instead of the pills.

I do not think it is uric acid poisoning, but a failure in the action of the liver. Get her out on a bicycle.—Ed.

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QUERY 1916:—"Ovarian Tumor." Please send me the best alkaloidal treatment (without surgery) for ovarian tumor.

J. A. K., Tennessee.

I am doubtful whether you can influence an ovarian tumor much without surgery. If the patient objects to operation she might be willing for you to apply Europhen-Aristol with Petrolatum in the cavity of the womb, and force it in with electricity, static or galvanic. Several drugs have been urged to lessen the growth of such tumors, ergotin and hydrastinine being about the best. Select the latter, commencing with moderate doses, pushed to full effect, keeping the bowels pretty active with Saline Laxative and restricting the diet somewhat closely.—Ed.

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QUERY 1917:—"Cocabola." In Volume I. of American Alkalometry, page 760, you recommend chewing Cocabola plugs, for the tobacco habit. Please let me know where I can obtain the Cocabola plugs and cost.

H. S. M., Massachusetts.

You can obtain Cocabola from the Standard Chem. Co., 1016 Cherry St., Philadelphia.—Ed.

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QUERY 1917:—"Otology." I have noticed some favorable comments on Seth Scott Bishop's work, Diseases of the Ear, nose and Throat. Do you heartily recommend the book? Is it equal to Shurley's work on the same subject? Is there a second edition? Do you furnish the book? If so, at what price? I want something recent and reliable on that

branch of practice, and want the best work, not too voluminous.

J. H. R., Missouri.

I regard Bishop's book as the very best on the subject of any with which I am acquainted. I am not familiar with Shurley's. I know Bishop well, and have the highest respect for his professional attainments. It is the best book, not too voluminous. You can obtain it from Colegrove, 65 Randolph St., Chicago.

—Ed.

QUERY 1918:—"Tape-Worm." How much do you generally charge the patient if you get the worm; what are the prices generally for removing a tape-worm?

C. H. W., Illinois.

In tape-worm cases I usually charge \$50.00, and find it is wiser to do so, as in my earlier days I occasionally charged the ordinary fee and had the patient go off to the \$50 and \$100 quacks. I reasoned that people judged the value of treatment by the price asked for it; and just as when a student I picked out the most expensive medical college to attend, they went to the highest priced man.—Ed.

QUERY 1919:—"Abdominal Abscess. Woman, 24, constipated for years, last March had appendicitis, some bowel pains since, constipation and flatulence, pain due to gas, urine irregular in amount and strongly acid, no albumin. Two months ago had appendicitis due to accumulation and inflammation of the cecum; attack severe, temp. 97 Friday, 99.4 Saturday, 99.4 Sunday a. m. Sunday p. m. severe chill and temp. 103.8. After six, bowels began to move, then an accumulation in bowel lodged and produced symptoms of acute intestinal obstruction; lasting 48 hours, woman nearly died. Vomited plenty, face like people that die, better after bowels moved, good a few days, then same pain in cecum and right lower side, lasted a week; during most of the time pain and tenderness also in right kidney. Used injections high and shoved

Saline Laxative, no results from one-half a box, had to quit, stomach a terribly weak point; nourishment in two weeks not to exceed one quart of milk and two of grape-juice. Woman was pregnant now seven months. I have known for years that the bowel is a place of wonderful possibilities; her's contained in surplus a little less than a wagon-load. She improved, pain and tenderness gone, urine good quantity and color, had to use catheter, no cystitis. After thirteen days she took cold, pain began in right kidney, in a day was in appendix again, plenty of albumin and pus in urine; on buttermilk diet she passed 60 to 80 ounces in 24 hours, sp. gr. 1005 to 6, temp. has run to 107 once, sometimes 96.8, morning temp. normal for a day and evening temp. 102 to 103.4. Last eve a little strip of mucous membrane came away. Takes morphine daily. I don't like the idea any more than you, but believe even if she is in a wretched condition that I've used at least ordinary intelligence, and when I look back hardly see any place, if any at all, where one could have done better. She may be dead before I hear from you and she may get better, but I want to know just what the kidney condition is.

G. S., Iowa.

The most important point in the examination of the urine is the abundant presence of pus. I suppose that this means the abscess has opened into the pelvis of the kidney. Is it a case favorable for operation? If not, I see nothing possible except to sustain the patient in the hope that nature may triumph in the conflict. That means, keep the emunctories all free, and sustain her strength with the Triple Arsenates and Nuclein, highly nutritious diet, hot salt baths followed by cod-liver oil inunctions, perfect hygiene of the house and vicinity. I have read your letter carefully and get no inspiration in the way of a specific idea for treatment. I realize thoroughly the remark you make as to the possibilities of the woman's bowels. Do not let them fill up again. I like to

give a little hydrastine in these cases, believing that it has an especial toning effect on the bowel.—Ed.

QUERY 1920:—"Epilepsy." How much verbenin should be given in epilepsy?

H. H. M., Wisconsin.

Give the patient a granule of verbenin before and after each meal and one at bedtime, and add three granules a day whenever there is a fit. The dosage is somewhat uncertain as yet, but like all other drugs it may be given for effect.—Ed.

QUERY 1921:—"Impotence." Male, 32, married ten years, imperfect erections and premature emissions; no other disease. I thought I would put him on cornin, sanguinarine nitrate, and Buckley's Uterine Tonic, one each three times a day, with iron, arsenic and strychnine.

If you can give better treatment (alkaloidal) please advise me; as he is downhearted about the premature emissions.

J. R., Arkansas.

Pass a bougie and note if the urethra is sensitive. If so, inject Europhen-Aristol with Petrolatum using Protargol, five grains to the ounce twice a week. Your prescription is very good and I hardly see how it can be improved. Give the Triple Arsenate granule, iron, quinine and strychnine, and you will find nuclein a valuable addition, giving ten minims twice a day. You will have to get our book on sexual hygiene as soon as it is printed. It will be announced in the CLINIC when out.—Ed.

QUERY 1922:—"Paraplegia: Traumatic." I received a fall in January, fracturing the twelfth dorsal vertebra, with injury to the spinal cord, producing complete paralysis from the line of injury down. I was confined to bed six months; am now using a roller invalid chair. I had no control over my bowels or bladder for six months. Since that time have had fair control over them. Had no sen-

sation in my legs until seven months ago, still not good in the anterior portion, good in the posterior portion of my legs, but I still cannot move them. Have no motion and have had very little atrophy of the muscles. With the exception of the first six months after my injury my general health has been good. I am thirty-seven years old next month, never had any serious sickness, have no predisposition, never had any venereal trouble.

I have been actively engaged in the practice of medicine since 1884 until date of my accident. From that date until last August I was not able to do anything. Since that I have done some practice. I keep a man who carries me to my buggy, drives to my patients and takes me from the buggy to my patient's bedside.

While I am a poor man I can raise three hundred dollars if I can find any place to go to where I can be benefited. Now will you please be kind enough to advise me where you would go or what you would do, if in my condition? A great many of my friends want me to go to Kirksville, Mo. I think myself that massage and electricity if applied by expert hands might benefit me. While I have used both it was by green hands. As to medicine, I could come nearer telling you what I have not used than what I have, but I have relied principally on the iodides.

J. H. T., Kentucky.

There are many surgeons in the U. S. and each of these has his excellencies, so that among those who do general surgery we learn to refer certain cases to one and certain cases to another. In your case I would advise you to write to Dr. A. J. Ochsner, Augustana Hospital, Chicago, Ill., and if he says for you to come and place yourself under his charge you can do so with perfect confidence, as Dr. Ochsner is not only a most accomplished surgeon, but he is a man who would not take a dollar from a brother practitioner without confidence in his power to return full value therefor.—Ed.



QUERY 1923:—"Lithemia." Please write me your treatment for lithemia. We have a case of great mental depression and fatigue, evidently the result of an excess of uric acid in the blood. Dr. Conklin in his lectures speaks highly of a compound of lithia with an alkali. He claims splendid results from the use of this remedy. Believing that your preparations are the best and most reliable made, I write you.

E. M. T., Ohio.

The treatment of lithemia is very simple. Restrict the patient on nitrogenous foods as closely as possible, get him to drink all the water you can and give him colchicine one granule every hour until the beginning of its action on the stomach or bowels. Nothing else so thoroughly and completely clears the system of uric acid and leaves such a pleasant sense of well-being after it.—Ed.

QUERY 1924:—Epilepsy. A woman, 32, has three lacerations result of instrumental delivery twelve years ago, since which has had epileptic seizures, three or four times. In November the attacks were very frequent, week before Christmas every night. Complains of weak spot in cervical region, gastric fermentation, constipation, nervous chill nearly every day.

Just after going to sleep patient is suddenly aroused by a sensation of smothering, is often sitting up in bed, or at a door or window when fully conscious. I had a similar case where there was no epilepsy.

There has been no epileptic seizure since I took the case. Menstruation starts and invariably stops evening of the first day, patient has severe headache and general malaise until flow is again started in one or two days. Has had two children since the instrumental delivery, which was at seven months. Circulation poor, hands and feet always cold.

Treatment: Nuclein, strychnine, glonoin, xanthoxylin for bloating, ammonium bromide, depleting uterus twice a week.

Patient is much improved, but I cannot hope to cure unless there is a repair of lacerations or removal of the uterus.

E. O., Indiana.

You might try the experiment of penciling the fissures with tincture of benzoin, which might give relief; although as you say it would be better to sew them up. But that is not all of the trouble. This woman's heart needs looking after. I would prefer the compound Heart-Tonic, or cactus, to any of the more powerful agents; regulating her bowels with Anticonstipation granules and an occasional granule or two of podophyllin at bedtime. I do not think this is true epilepsy, although it might result in it eventually.—Ed.

QUERY 1925:—"Ulcerative Enteritis. Dysmenorrhea." I administered iodoform in two cases of chronic diarrhea where ulceration of the bowels showed the indications, but neither patient could retain it. Immediately upon swallowing the iodoform tablet, in combination with the W-A Antiseptic and silver tablets, vomiting occurred.

I have a patient with irregular and painful menses, flow occurring once in two or three months, sometimes oftener. She is unmarried, thirty years of age.

Have you a book prescribing the indicated remedies? If so, I would like to have one.

How do you give your tablets to infants and children? I want a headache tablet that is not dangerous for women or children.

Your remedies for facial neuralgia worked like a charm. I meet many cases of torpid liver, liver and stomach troubles combined.

I have a patient with ptosis of right eye; also paralyzed internal rectus.

Have you a calomel and podophyllin or calomel and Dover's powder tablet to clean out the liver?

V. K., Kansas.

In the first case I should have administered cocaine gr.  $\frac{1}{8}$  a few minutes

before giving the iodoform; in fact the cocaine would have been a useful additional agent in such a condition. This irritability of the stomach is often relieved by cerium oxalate, in doses of one grain, repeated every half-hour for five doses. Buckley's Uterine Tonic relieves dysmenorrhea. I enclose a reprint of Abbott's paper on Europhen-Aristol with Petrolatum, which I look upon as the best curative agent yet introduced for dysmenorrhea, due as it always is to endometritis. In the case of an unmarried girl, of course it is not wise to use local treatment unless absolutely necessary.

The book you want is Shaller's Guide, which we have found the best introduction to Alkalometry, far better than Burggræve. Shaller also devised the rule for medicating infants and children, one granule for each year of the child's age and one more, in twenty-four teaspoonfuls of water; of this the dose is a teaspoonful every half to one hour, as needed. However, I frequently use the weight rule, giving a dose proportioned to the child's weight as compared to an adult of 150 pounds. Last night for a fifteen-pound child I ordered 1-10 of the adult dose.

The migraine tablets which you will find in our list answer very well for headache instead of the ordinary coal-tars. They are not dangerous, as the heart-sedation is very carefully guarded, but so many causes go to make up headaches—autotoxemia, defective renal elimination, ocular defects, etc., that we do not advise routine treatment of this condition. For torpid liver you will find an Eclectic Hepatic tablet at bedtime, followed by Saline Laxative in the morning, an admirable combination. In the case of ocular paralysis, with zinc phos-

phide, strychnine and avenin you will probably do all that internal medicine will accomplish. Calomel and irisin answer pretty nicely in these cases of torpid liver. It is a fine combination.—Ed.

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QUERY 1926:—"Tight Sphincter." Man 68, indigestion, sleeps poorly, gets up often at night to pass water, no pain, water slow in passing, comes in sluices at times. Nothing abnormal in urine, prostate slightly enlarged. Passing sound relieves. Greatest ailment is bowels, stools soft and waxy, move only with laxative, frequent desire, sphincter ani tight. Have dilated a time or two slightly. The first helped him for a time. All laxatives soon lose effect. He complains very much of cold feet, coldness extends to hips. When complaining so they felt warm.

W. D., Iowa.

The obvious remedy is thorough dilation of the anal sphincter under chloroform. When this is done you will find his troubles have vanished and if he is any sort of a man at all he will send you a check for \$500. All of the symptoms you have described are due to the one cause.—Ed.

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QUERY 1927:—"Epilepsy." A boy, 18, epileptic since 12, three to five fits a week, skips one week a month, general health good, memory failing. A year ago he was helpless, could not feed or dress, nor stand alone; could move hands and feet but not control or direct them. A loss of coordination and sensation. His appetite was good, bowels regular, no convulsions during this paresis. The tendon reflex was absent, muscles would not contract under faradism except those of the neck, which were quite sensitive to the current.

I gave him strychnine gr. 1-30 four to five times a day. In four days he commenced to improve, in a month could walk, dress and feed himself. He has now good use of all his muscles, but when

he got over his paralysis his epileptic fits came on as bad as ever.

W. D., Iowa.

Examine the boy's rectum and genital apparatus and see if you can find any source of reflex irritation. Circumcise him and dilate the anal sphincter anyhow. Next, see to his diet and chop off all the nitrogen you possibly can. Give him a few doses of calomel and see if there are any worms in the intestinal canal. After doing this, if the convulsions continue put him upon verbenin, beginning with three granules a day and adding one every time he has a fit.—Ed.

QUERY 1928:—"Anesthetics." I am much interested in Prof. Heineck's article in February CLINIC on the newer local anesthetics, Holocain, Nirvanin, and Orthoform. Please inform me where I can get his book on Anesthetics, published by G. P. Engelhart; also where I can procure the newer articles, Holocain, Nirvanin and Orthoform. I must confess that I am not pharmacist enough to know what proportions are meant in Freudenthal's formula on page 108. Please explain.

Allow me to suggest that the article on the newer anesthetics, and the article on spinal analgesia in January would, if utilized practically, more than repay the subscription for your journal since its first issue. There is nothing more helpful to the country or village practitioner than live and practical journalism. May you continue to shed medical light and keep us abreast with the rapid strides in medicine and surgery; and have something left in the way of the ever-needed root of all evil.

H. S., Alabama.

The articles named are supplied by Victor Koechl & Co., 122 Hudson St., New York City. I fully agree with you as to the value of Dr. Heineck's article. His book on Anesthetics can be obtained from G. P. Engelhart, 354 Dearborn Street, Chicago. The price is \$1.00.

In Freudenthal's formula the figures refer to grams, and if you multiply by fifteen you get the quantity in grains. Much pleased with your appreciation.—Ed.

QUERY 1929:—"Prostatitis." Dentist, 40, prostatitis; micturates every 30 minutes, small amounts, pain in glans penis, also in prostate, pus follows urine, painful erections, pain in lumbar region, hemorrhoids, stream of urine normal, suffers as much in recumbent position as sitting; had gonorrhea eight years ago, too frequent coition in earlier days, semen scanty now.

J. S. A., Indian Territory.

The bladder is inflamed and the pus comes through it or from one kidney. I suspect the latter, which would make it a pyelitis. My suggestion would be the local use of Euorphen-Aristol with Petrolatum, a little of which can be injected into the bladder by introducing the syringe its full length and injecting very gently. Give Urotropin internally, 30 grains a day.—Ed.

QUERY 1930:—"Adenitis." D. S., colored, 26, married. No children, one miscarriage. Two years ago cervical glands on right side began to enlarge, six months ago she had night-sweats—none since. Menses every two weeks, painful before and after; flow dark and thick. All operations refused. Creosote and calcium sulphide gr. j, t. i. d., the latter alternating weekly with iron, quinine and strychnine. In five weeks no result on size of tumors, or on menstrual disturbance.

H. N. J., Missouri.

These symptoms in a woman so young would point to syphilis as most probably the cause, hence the best suggestion would be iodoform gr. 1-6, mercury biniodide gr. 2-67, arsenic iodide gr. 1-134, every two hours while awake, keeping the bowels regular with Anticonstipation granules, applying compound io-

dine ointment to glands. For the profuse menstruation give spirits of cinnamon, teaspoonful repeated every four hours. If you can eliminate syphilis give the same remedies internally, but locally apply fluid extract of phytolacca, and add phytolaccin internally, a granule every two hours increased to full tolerance.—Ed.

QUERY 1931:—"Nurses' School." Lady desires to become a nurse. She is 21, healthy and strong, a high-school graduate, of rare intelligence and possessed of a sunny, cheerful disposition. Can you put me in the way of securing her a place in some of Chicago's Training Schools for Nurses?

J. K., Kentucky.

You had better apply to the Illinois Training School for Nurses, where the best conditions prevail. The nurses of this school rank with the very best.—Ed.

QUERY 1932:—"Heart: Weak." A mother, 38, three months ago had enlarged liver and spleen; appetite poor, constipated, heart very rapid, pulse 120 on moderate exercise. Never had rheumatism; pain in heart and on pressing fingers between ribs. Dullness in cardiac region on percussion. I treated with acid nitromuriatic and ammonium chloride, Anticonstipation granules, iron and strychnine. Is well now, except rapid heart-action on moderate exercise, accompanied by pain and short breath. On lying down the heart acts normally. Very little dullness in cardiac region. Liver and spleen normal, appetite good, bowels regular. I can't discover anything abnormal in the heart (organically).

W. H. N., Kansas.

The indication here is to strengthen the weak heart. Keep the patient on a dry diet, as dry as she can possibly subsist upon. Give her the Cardiac Tonic granules, one or two every two hours through the day. Have the food small in bulk, but highly nourishing and very

digestible, using artificial digestants if necessary. Have her rubbed with cloths dipped in hot strong brine every day and restore the general strength by carefully graded exercise, stopping always short of fatigue.—Ed.

QUERY 1933:—"Mucous Enteritis." Mr. G., 31, history and health good to September, 1899, when physicians diagnosed membranous enteritis; sick six months. Since that passes linings of bowel, two to six inches long and a jelly-like brown substance.

September, 1899, had trouble with lung, coughed, raising brownish tenacious discharge, temp. subnormal. No cough now, no expectoration; temp. 99, pulse 96.

Since then cramps begin suddenly, continuous, only relieved by hypo. of morphine. At time of cramp can't pass urine and only with difficulty after attack. Comes on from six weeks to three months. Bowels then worse, temp. and pulse at time of cramp normal, urine not examined.

G. R. W., Ohio.

Whether this is membranous enteritis alone or complicated with tuberculosis I am in some doubt, but in none at all as regards the treatment. Empty the patient's bowels by repeated colonic flushings, giving a small dose of Saline Laxative in cold water on rising each morning. Give silver oxide gr. 1-6, iodoform gr. 2-6, and an Intestinal Antiseptic tablet every two hours while awake. Restrict the patient closely to a diet of milk and fresh fruit juices, adding raw meat if he fails, varying if monotonous with freshly churned buttermilk, koumyss or junket. In the course of a week if the membrane still forms wash out the bowel thoroughly with warm water and then inject a solution of Argonin, one grain to eight ounces of water, followed in five minutes with a salt solution to neutralize the remaining silver.—Ed.